FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an addre

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$65926

GOLDEN TRIANGLE IMPORTS, INC.

(5)

Principal Place of Business

11245 DISTRIBUTION AVE. #6 JACKSONVILLE FL 32256

Mailing Address

11245 DISTRIBUTION AVE. #6 JACKSONVILLE FL 32258-2740

FILED Feb 05 1997 8:00am Secretary of State

904-269-9848



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														e Incorporate //08/1991	d or Qualifie		te of La 01/19		eport
	2. Principal Place of Business					Mading	Add	ess			,	1		Number			L	Ap	plied For
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Suite, Apt #, etc					Suite, Apl. #, etc. 27						_ •	5. Certificate of Status Desired Security Securi							
23	City & State				City & State				Par	Park Fl				ction Campaig	paign Financing \$5.00 May Be ontribution Added to Fees				
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154 STILES AVE.								- h	82 Street Address (P.O. Box Number is Not Acceptable)										
	ORANGE PARK FL 32073				· ·					OF OUT AND TO SEE THAT THE PROPERTY OF THE PRO									
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										•	City					FL	85	Zip (.00e
11	 Pursuant t 	o the provis	ions c	I Sections 607,050	2 and (307 1508	, Flori	da Statute	s the ab	ove	-named co	orporat	tion su	bmits this stat	ement for the	e purpose of	chang	ing its	registered
	agent Lar	egistered aç n famil ar w	jent, c ith, an	r both, in the State d accept the obliq	ot Flor ations d	ida. Suci of. Sectio	n char on 607.	ige was a .0505. Flo	uthorized rida Statu	by tes	the corpor	ration's	s board	d of directors.	I hereby acc	cept the app	ointmer	nt as	registered
e.	GNATURE					,													
31	ONATONE	Signature, type s	Le print	ed havne of registore discis	n and th	e d applicat)rC	(NOTE	Registered.	Age	nt signature rec	quired wh	hen reins	tating)		DATE			***************************************
12				OFFICERS AN	D DIRE	CTORS			13.				ADD	ITIONS/CHAN	IGES TO OF	FICERS AND	DIREC	TOR	S IN 12
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	I do heret	y certify tha	it the i	nformation supplie	d with t	his filina	does	not qualif	y for the e	xei	mption stat	ted in S	Section	n 119.07(3)(i).	Florida Stati	utes. I further	certify	that	the
	informatio Lam an of	n indicated ficer or dire	on this ctor o	s annual report or s the corporation or	upplen the rea	nental år coiver or	nual r truste	eport is tr e empowi	ue and ac	(eci	rate and th ute this rep	nat my oort as	signat requir	ure shall have ed by Chapte	the same le r 607, Florida	gal effect as a Statutes; a	if mad	e uno	ier oath, that ame