

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S92482 (6)
1. Corporation Name
THE GOLD STORE, INC.



Principal Place of Business 497 TOWN CENTER, GLADES RD 250 ROYAL PALM WAY, SUITE 300 BOCA RATON FL 33431 US	Mailing Address P O BOX 70 250 ROYAL PALM WAY, SUITE 300-6 WEST PALM BEACH FL 33402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6001 Georgia Avenue Suite, Apt. #, etc. 22 -----		2a. Mailing Address 26 6001 Georgia Avenue Suite, Apt. #, etc. 27 -----		3. Date Incorporated or Qualified 11/06/1991	3a. Date of Last Report 07/02/1996
23 City & State West Palm Beach FL Zip Country 24 33405 25		28 City & State West Palm Beach FL Zip Country 29 33405 30		4. FEI Number 65-0293557	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

IGOE, JOHN G.
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BARR, JOSEF		1.2 NAME				
STREET ADDRESS	6001 GEORGIA AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LEACH, EDWIN F., II		2.2 NAME				
STREET ADDRESS	57 JOHN L DIETSCH SQUARE		2.3 STREET ADDRESS				
CITY-ST-ZIP	N ATTLEBORO MA		2.4 CITY-ST-ZIP				
TITLE	DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BARR, DANIEL		3.2 NAME				
STREET ADDRESS	7777 S FLAGLER DR, 1200		3.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HARRISON, MARK		4.2 NAME				
STREET ADDRESS	57 JOHN L DIETSCH SQUARE		4.3 STREET ADDRESS				
CITY-ST-ZIP	N. ATTLEBORO MA		4.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROWN, DOUGLAS		5.2 NAME				
STREET ADDRESS	57 JOHN L DIETSCH SQUARE		5.3 STREET ADDRESS				
CITY-ST-ZIP	N. ATTLEBORO MA		5.4 CITY-ST-ZIP				
TITLE	TAS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ARBEIT, DAVID E		6.2 NAME				
STREET ADDRESS	6001 GEORGIA AVENUE		6.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with a address.

CR2E034 (4/97)