AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

NAME GOLDFINGER, DAVID A 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	For icable nal i
Principal Piace of Business Mailing Address 156 KEY HEIGHTS DRIVE TAVERNER FL 33070 TAVERNER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1981 2. Principal Piace of Business 2. de. Mailing Address 2. Each Mailing Address 2. Suite, Apl. #, etc. 2. Suite, Apl. #, etc. 2. Suite, Apl. #, etc. 2. City & State 2. Country 2. Principal Piace of Status Desired 3. Date Incorporated or Qualified 12/27/1981 4. Felt Number Applied 55-0303558 Not App	For icable nal i
Principal Place of Business IS KEY HEIGHTS DRIVE TAVERNIER FL 33070 1.5 KEY HEIGHTS DRIVE TAVERNIER FL 33070 2. Principal Place of Business 2. Mailing Addross 2. Mailing Addross 3. Date Incorporated or Qualified 12/27/1991 2. Principal Place of Business 2. Mailing Addross 3. Date Incorporated or Qualified 12/27/1991 2. Principal Place of Business 3. Date Incorporated or Qualified 12/27/1991 3. Date Incorporated or Qualified 12/27/1991 4. FEI Number 65-0303558 8. And Applied 65-0303558 8. And A	For icable nal i
Principal Place of Business ISE KEY HEIGHTS DRIVE TAVERNER FL 33070 1. Set I HEIGHTS DRIVE TAVERNER FL 33070 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 1.2/27/1991 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 1.2/27/1991 2. Principal Place of Business 3. Date Incorporated or Qualified 1.2/27/1991 2. Principal Place of Business 3. Date Incorporated or Qualified 1.2/27/1991 4. FEI Number 65-0303558 8. Not App. 8. Octificate of Status Desired 65-0303558 8. Rot Applied 65-0303558 8. Rot	For icable nal i
156 KEY HEIGHTS DRIVE TAYERNER FL 33070 156 KEY HEIGHTS DRIVE TAYERNER FL 30070 156 KEY HTS DRIVE TAYERNER FL 30070 156	icable nal i se
2. Principal Place of Businoss 2e. Mailing Address 4. FEI Number Applied Applied 21 22 32 32 32 32 32 32	icable nal i se
2. Mailing Addross 3. Suite, Apt. #, etc. 3. City & State 3. City & State 3. City & State 3. City & State 3. Country 3. Suite, Apt. #, etc. 3. City & State 3. Country 3. Suite, Apt. #, etc. 3. City & State 3. Country 3. Suite, Apt. #, etc. 3. City & State 3. City & State 3. This corporation owes or has paid the current year intenging Financing Trust Fund Contribution was or has paid the current year intengible Personal Property Tax due June 30. Wes No. Acceptable Property Tax due June 30. Wes	icable nal i se
Suite, Apt. #, etc. City & State City & State City & State Zip Country Signature, Yes and Address of Current Registered Agent GOLDFINGER, DAVID A. 156 KEY HEIGHTS DRIVE TAVERNIER FL 33070 Signature with, and accept the obligation of seculars 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register egont. I am familiar with, and accept the obligation of, section 607.0505, Florida Statutes. SIGNATURE Signature with, and accept the obligation of, section 607.0505, Florida Statutes. TITLE Signature with, and accept the obligation of, section 607.0505, Florida Statutes. SIGNATURE Signature with, and accept the obligation of, section 607.0505, Florida Statutes. SIGNATURE Signature with, and accept the obligation of, section 607.0505, Florida Statutes. SIGNATURE Signature with, and accept the obligation of, section 607.0505, Florida Statutes. TITLE Signature with and accept the obligation of, section of registered Agent signature required when remaining the appointment as register agents. SIGNATURE Signature with, and accept the obligation of, section of produced agent and line / applicable. TITLE Signature Register Adoress of Change and Signature signature required when remaining and accept the appointment as register agent in expenses and section of produced agent and line / applicable. DELETE 11 TITLE Country FL Signature Register Adoress of Change and Signature and Signature required when remaining and address of Now Registered Agent Signature Register Address of Now Registered Agent Signature Register Address of Now Registered Agent Signature Register Address of Now Registered Agent Signature Reg	icable nal i se
Suite, Apt. #, etc. Suite, Apt. #, etc.	nal i 3e s
City & State Country City & State Country Country City & State Country Count	Se s
Zip Country Zip Country Zip Country Signature. Special Registered Agent Signature. Special Registered Agent Signature. Special Registered Agent Registered Agent Signature. Special Registered Agent Signature. Special Registered Agent Signature. Special Registered Agent Registered Agent Signature. Special Registered Agent Signature. Special Registered Agent Signature. Special Registered Agent Registered Agent Signature. Special Registered Agent Signature. Special Registered Agent Registered Agent Signature. Special Registered Agent Registered Age	s
Zip Country Zip 2	
Personal Property Tax due June 30.	
GOLDFINGER, DAVID A. 156 KEY HEIGHTS DRIVE TAVERNIER FL 33070 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 register of agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligation of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. In the purpose of changing its register. 12. Maximum provided with a purpose of changing its register agent. In the purpose of changing its register. 13. ADDITIONS/CHANGES TO OFFICERS IN TILLE 12. MAME 13. STREET ADDRESS 14. CITY ST. ADDRESS 15. KEY HTS DRIVE 15. KEY HTS DRIVE 16. Change 17. Change 18. CITY ST. AD	
156 KEY HEIGHTS DRIVE TAVERNIER FL 33070 82 Street Address (P.O. Box Number is Not Acceptable) 14. 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 register 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II P DELETE 11 TITLE P ANAME GOLDFINGER, DAVID A 1.2 YAMAE 1.3 STREET ADDRESS CITY-S1-ZIP TITLE ST DELETE 1.4 CITY-S1-ZIP TITLE ST DELETE 2.1 TITLE ST Change Change CHANGES CITY-S1-ZIP TITLE TO Change Cha	
TAVERNIER FL 33070 83 At 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 register 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II ITILE OGLOFINGER, DAVID A 12 NAME GOLOFINGER, DAVID A 12 NAME 13 STREET ADDRESS CITY-ST-ZIP TAVERNIER FL OBLETE 14 CITY-ST-ZIP Change	
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 register of fice 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 register agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE Signature	
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 register 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 register 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 little if applicable. INOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE POLICIES AND DIRECTORS II 1.1 TITLE POLICIES AND DIRECTORS II 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE ST DELETE DELETE 1.4 CITY-ST-ZIP TITLE ST DELETE 2.1 TITLE Change	
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 register 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 register 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 little if applicable. INOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE POLICIES AND DIRECTORS II 1.1 TITLE POLICIES AND DIRECTORS II 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE ST DELETE DELETE 1.4 CITY-ST-ZIP TITLE ST DELETE 2.1 TITLE Change	
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 little if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE P OFFICERS AND DIRECTORS II TITLE GOLDFINGER, DAVID A STREET ADDRESS CITY-ST-2IP TITLE ST OFFICERS AND DIRECTORS II 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP TITLE ST OCHange Change	
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 little Farphicable (NOTE Registered Agent signature required when reinstating) DATE	d
Signature, typod or printed name of registered agent and little if applicable (INOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE P Change 1.1 TITLE NAME STREET ADDRESS 156 KEY HTS DRIVE TAVERNIER FL 1.4 CITY-ST-ZIP TITLE ST NAME GOLDFINGER, TOBY STREET ADDRESS 156 KEY HTS DRIVE 1.2 NAME 2.2 NAME 2.2 NAME STREET ADDRESS CITY-ST-ZIP TAVERNIER FL 2.3 STREET ADDRESS CITY-ST-ZIP TAVERNIER FL DELETE 3.1 TITLE Change	
DELETE	
NAME STREET ADDRESS TAVERNIER FL 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE ST GOLDFINGER, TOBY STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ST GOLDFINGER, TOBY 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TAVERNIER FL 2.4 CITY-ST-ZIP TITLE NAME DELETE 3.1 TITLE ST Change Chang	12
156 KEY HTS DRIVE	I 12 ddition
TAVERNIER FL	
NAME GOLDFINGER, TOBY 156 KEY HTS DRIVE CITY-ST-ZIP TAVERNIER FL DELETE 31 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	
STREET ADDRESS TAVERNIER FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ddition
CITY-ST-ZIP TAVERNIER FL 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 2.4 CITY-ST-ZIP 3.1 TITLE Change	
TITLE DELETE 311ITLE Change NAME 32 NAME	
NAME 32 NAME	ddition
	23.4011
STREET ADDRESS 33 STREET ADDRESS	1
CITY-ST-ZIP 3.4 CITY-ST-ZIP	
	ddition
NAME 42 NAME	
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	ddition
NAME 5.2 NAME	1
STREET ADDRESS 5.3 STREET ADDRESS	1
CITY-ST-ZIP 54 CITY-ST-ZIP	
v	dditio-
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	ddition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	oonion
14. I hereby certify that the information supplied with this films does not qualify for the exemption stated in section 119.07(3)(i). Florida Statutes, I further certify that the information	WOHION
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 eath; that I am an officer or director of the comporation or the receiver or trustile empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears	
in Block 12 or Block 13 it changed or on aguitachment with an address SIGNATURE: 7/3-61 172-9-36	