## FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

**PROFIT** CORPORATION ' ANNUAL RÉPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V38517** 

**GOLDILOCKS INVESTMENTS, INCORPORATED** 

Principal Place of Business Mailing Address 200 WINDWARD PASSAGE 35:10 FIRST AVENUE N **CLEARWATER FL 34630** #109 ST. PETERSBURG FL 33713 3a. Date of Last Report US 3. Date Incorporated or Qualified 05/26/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3142086 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISTER, SUZANNE T 2519 MCMULLEN BOOTH ROAD, 104 82 **CLEARWATER FL 34621** 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sut office or registered agent, or both, in the State of Florida. Such change was authorized by the conagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change 🔲 DELETE 1.1 TITLE TITLE GOLDMAN, MIKE 1.2 NAME NAME 5543 EARLE RD 1.3 STREET ADDRESS STREET ADDRESS COTE ST LUC QUEBEC 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE LEOUSIS, ELIAS L. 2.2 NAME NAME 6095 ANGELE 23 STREET ADDRESS STREET ADDRESS BROSSARD, QUEBEC 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP C TY-ST-ZIP \_\_\_ Addition DELETE Change 41 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE 3000020**9**0963 6.2 NAME NAME -02/18/97--01**022--0**35 6.3 STREET ADDRESS STREET ADDRESS \*\*\*165.00 C-TY-ST-ZIP 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, or on an attachment with an address.

E(BAIAS) L. LPOXIS

**FILED** 

Feb 18 1997 8:00am

Secretary of State