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FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V38517 (1)

1. Corporation Name  
GOLDILOCKS INVESTMENTS, INCORPORATED

Principal Place of Business  
3530 FIRST AVENUE N  
#109  
ST. PETERSBURG FL 33713  
US

Mailing Address  
200 WINDWARD PASSAGE  
CLEARWATER FL 34630



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1992

4. FEI Number  
59-3142086

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business  
21 2260 5TH AVENUE S

2a. Mailing Address  
26 2304 1ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 ST. PETERSBURG FL

27 City & State  
28 INDIAN ROCKS BEACH FL

24 Zip 33712 25 Country U.S.A.

29 Zip 33785 30 Country U.S.A.

9. Name and Address of Current Registered Agent

CLARK, BLAIR W  
300 31ST N #101  
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name ELIAS LOUIS LEOUSIS  
82 Street Address (P.O. Box Number is Not Acceptable)  
2304 1ST ST # 4  
83  
84 City INDIAN ROCKS BEACH FL 85 Zip Code 33785

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), 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 607.01(2), Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ELIAS LOUIS LEOUSIS

3/13/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GOLDMAN, MIKE  
STREET ADDRESS 5543 EARLE RD  
CITY-ST-ZIP COTE ST LUC QUEBEC

TITLE PD  
NAME LEOUSIS, ELIAS L.  
STREET ADDRESS 6095 ANGELE  
CITY-ST-ZIP BROSSARD, QUEBEC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

3/13/98 813 821-8010

CR2E034 (10/97)