FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V38517

GOLDILO	OCKS INVESTMENTS, INCOF	RPORATED			I TERRIY RIVERED HADDI KORAL RAKER KURAY DARK DARKER		
Principal Place	e of Business	Mailing Address					
2260 5TH AVEN		2304 1ST STREET					
ST. PETERSBURG FL 33712		#4					
US		INDIAN ROCKS BEACH FL	33785		DO NOT WRITE IN TH	S SPACE	
		US			3. Date Incorporated or Qualifed 05/26/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 447	3RD AVENUEN.	26			59-3142086		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State	PETERSBURG :	City & State			6. Election Campaign Financing Trust Fund Contribution	-~ \$5:00-\ Added to	
Zip	Country Zip C			/	8. This corporation owes the current year I		
24 33-	70 \ 25 U.S	25 (), \(\) 29 \(\) 30			Personal Property Tax.		⊿ No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	đ Agent	
. = 0.			81	Name			
	JSIS, ELIAS LOUIS		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2304 1ST ST #4 INDIAN ROCKS BEACH FL 33785			83				
			84	City	F	L 85 Zip C	;ode
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was at	ithorized Di	the comorat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered
SIGNATURE					red when reinstation) DATE		إ
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			nt signature requir	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
12.			13.		ADDITIONS/CHANGES TO OFFICERS /	Change	Addition
	D Goldman, Mike		1.2 NAME			_ ,	_ [
NAME STREET ADDRESS				T ADDRESS			
			1,4 CITY-				ļ
CITY-ST-ZIP TITLE			2.1 TITLE	<u> </u>		☐ Change	Addition
NAME			2.2 NAME	}		•	}
STREET ADDRESS	6095 ANGELE		2.3 STREET ADDRESS				
CITY-ST-ZIP	BROSSARD, QUEBEC		2, 4 CITY-ST-ZIP				
TITLE			3.1 TITLE			Change	Addition
NAME	32 N		3.2 NAME				1
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		<u></u>	
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP		Change	Addition
TITLE		☐ DELETE 5.1				☐ Change	
NAME			5.2 NAME	1			
STREET ADDRESS				T ADDRESS			1
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE	31-2IF		Change	Addition
TITLE		الم المراد الم	6.2 NAME				
NAME STREET ADDRESS				ET ADDRESS			
SIREE! ADDRESS	1						I

14. I hereby certify that the information supplied with this fling 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, with all other like ampowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER