

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90038 002 \*\*\*150.00

DOCUMENT # V39710

1. Corporation Name

THE GOLDMAN GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10330 N DALE MABRY HWY  
STE 226  
TAMPA FL 33618  
US

Mailing Address

10330 N DALE MABRY HWY  
STE 226  
TAMPA FL 33618  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/29/1992

4. FEI Number

59-3128527

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 the current year Intangible  
Personal Property Tax

Yes No

9. Name and Address of Current Registered Agent

GOLDMAN, TODD  
10330 N. DALE MABRY HWY  
SUITE 226  
TAMPA FL 33618

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

TITLE P ☐ DELETE  
NAME GOLDMAN, TODD  
STREET ADDRESS 14621 VILLAGE GLEN CIR  
CITY-ST-ZIP TAMPA FL 33624

TITLE VP ☐ DELETE  
NAME GOLDMAN, DEB  
STREET ADDRESS 14621 VILLAGE GLEN CIR  
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☒ DELETE  
NAME HOPFENSTEIN, REBECCA  
STREET ADDRESS 8434 RIDGEBROOK CIR  
CITY-ST-ZIP ODESSA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition  
32 NAME Meshella Marino  
33 STREET ADDRESS 2540 Lake Ellen Cir.  
34 CITY-ST-ZIP Tampa, FL 33618

41 TITLE ☐ Change ☒ Addition  
42 NAME Kimberly Price  
43 STREET ADDRESS 4255 W Humphrey #421  
44 CITY-ST-ZIP Tampa, FL 33614

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)