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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:26

DOCUMENT # V40395 (8)

1. Corporation Name

REEL GOLD, INC.

Principal Place of Business	Mailing Address
% OLYMPIA GOLD 11540 WILES ROAD, SUITE 2 CORAL SPRINGS FL 33076	THE MEETZE CO. P. O. BOX 921149 NORCROSS GA 30092 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 Gozzo Estate Homes	26 The Meetze Company
22 Suite, Apt. #, etc. 4121 N. Military Trail Suite 216	27 Suite, Apt. #, etc. P.O. Box 350
23 City & State Palm Beach Gardens, Fla.	28 City & State Rogersville, Missouri
24 Zip 33410 — 25 Country U.S.A. Palm Beach	29 Zip 65742 — 30 Country U.S.A. Greene

4. FEI Number: 65-0338962 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, SKIP 11540 WILES ROAD SUITE 2 CORAL SPRINGS FL 33760	81 Name: Gozzo, Gregory 82 Street Address (P.O. Box Number is Not Acceptable): 190 Seyalacs Lane 83 84 City: Jupiter FL 85 Zip Code: 33477

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 X [signature] ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ZWAANS, RUUD	12 NAME	
STREET ADDRESS	12150 BROOKMILL PT.	13 STREET ADDRESS	
CITY ST ZIP	ALPHALETTA GA 30201	14 CITY ST ZIP	
TITLE	DS	21 TITLE	D ☒ Change ☐ Addition
NAME	ZWAANS, ROCHELLE	22 NAME	Zwaans Rochelle
STREET ADDRESS	12150 BROOKMILL PT.	23 STREET ADDRESS	12150 Brookmill Pt.
CITY ST ZIP	ALPHALETTA GA 30201	24 CITY ST ZIP	Alpharetta, GA. 30201
TITLE		31 TITLE	DS ☐ Change ☒ Addition
NAME		32 NAME	Meetze, James R.
STREET ADDRESS		33 STREET ADDRESS	4789 So. Farm Rd. 193
CITY ST ZIP		34 CITY ST ZIP	Rogersville, Mo. 65742
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 7-8-95 417-883-2546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ruud Zwaans, President

0398606 FP