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**

May 03, 1999 8:00 am Secretary of State

05-03-1999 90033 017 ***150.00

DOCUMENT # V70634

1. Corporation Name

H. MARSHALL GOLNICK PROMOTIONS, INC.

Principal Place of Business Mailing Address							1 1 1 1 1 1 1 1 1 1	MIT EN BLY N BIEN BLYNN	13111 B101 B1011 B14	113 01641 010	its manne memer a	**
5401 N FEDER		1318 1	W TERRA MAR DR									
FT LAUDERDALE FL 33308 POMPANO BEACH FL 33062							}	BO NOT WE	NE IN THE	00405		
US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
}							10/08/199		IJ			- 1
2 Principal P	lace of Business	2a M	lailing Address	w			4. FEI Number				Applied For	=
21 SIOON FEDERAL HWY 26							65-03766			\longrightarrow	Not Applica	\rightarrow
Suite, Apt. #, etc.							\$8.75 Additional					
22 408 . 27											Required	ľ
City & State City & State						6. Election Campaign Financing				\$5.00 May Be		
23 FT LAUDERDALE, FL 28							Trust Fund C	Contribution		Adde	d to Fees	
Zip 332	Country	Z		Country	/		, ,	tion owes the cu	rrent year Inta	_=	_	-
24 3330 8 25 29 30							Personal Property Tax. Yes No					
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
COLNICK H MADCHALL					N	Name						- }
GOLNICK, H. MARSHALL 1 E BROWARD BLVD 303W FT LAUDERDALE FL 33301					Street Addre		ess (P.O. Box Number is Not Acceptable)					
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					1						Ì	
					City					85 Z	p Code	\neg
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office or r	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	State of Florida.	Such change was auth	orized by	the	amed corpor corporation	ration submits this n's board of directo	statement for th ors. I hereby acco	e purpose of c ept the appoin	tment as	registered	3a
SIGNATURE												.
	Signature, typed or printed name of regist				nt sig	gnature required s	when reinstating)		DATE			
12.	OFFICE D	RS AND DIRECT	□ DELETE	13.			ADDITIONS/C	CHANGES TO O	FFICERS AN	☐ Chanc		
TITLE ,	_		1.2 NAME							,	,	
NAME	4040 M. TERRA MAR PR											
DOMPANO DEACH EL					1.3 STREET ADDRESS							}
CITY-ST-ZIP					4 CITY-ST-ZIP			·		Chanc	e □ Add	dition
NAME	,			2.1 TILE 2.2 NAME							1	
1				2.3 STREE	T ATS	DDESC						
STREET ADDRESS		·		2.4 CITY-S		ł		. .				
CITY-ST-ZIP			☐ DELETE	3.1 TITLE	31-26	ar i			<u>.</u> , -	Chang	e Add	dition
NAME				3.2 NAME							_	-
INMANE			i	AT LAMANE								

6.4 CITY-ST-ZIP 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and that my name appears in attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

DIRED SIGNING OFFICER OR DIRECTOR

954-928-0000

☐ Change

☐ Change

☐ Change

Addition

Addition

☐ Addition

CR2E034 (11/98)