FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:25

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V73519 (3)

1. Corporation Name

TBF GOLDENROD, INC.

Principal Place of Business	Mailing Address
225 S. WESTMONTE DR. SUITE 3020 ALTAMONTE SPRINGS FL 32714	225 S. WESTMONTE DR. SUITE 3020 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3154292 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCENULTY, FRANK
C/O TRI-FIVE PROPERTIES
225 S. WESTMONTE DR., STE/ 3020
ALTAMONTE SPRINGS FL 32714

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 required if registered agent is the business) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SILVER, SHOEL	12 NAME	
STREET ADDRESS	225 S WESTMONTE DR, STE 3020	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	COOPER, BERNARD	22 NAME	
STREET ADDRESS	225 S WESTMONTE DR., STE 3020	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL	24 CITY-ST-ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	LUBIN, LAWRENCE	32 NAME	
STREET ADDRESS	235 S WESTMONTE DR., STE 3020	33 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LUBIN, LAWRENCE	42 NAME	
STREET ADDRESS	225 S WESTMONTE DR., STE 3020	43 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL	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)(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 addition.

SIGNATURE: LAWRENCE LUBIN 2/17/95 (407) 865-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039466 CP