

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Aug 05 1998 8:00am  
Secretary of State

DOCUMENT # **V73519** (3)  
1. Corporation Name  
**TBF GOLDENROD, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **2221 Lee Road** 26 **2221 Lee Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 24** 27 **Suite 24**  
City & State City & State  
23 **Winter Park, FL** 28 **Winter Park, FL**  
Zip Country Zip Country  
24 **32789** 25 **USA** 29 **32789** 30 **USA**

3. Date Incorporated or Qualified  
**10/22/1992**  
4. FEI Number **59-3154292** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRATT, JAMES R ESQ.**  
**GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS**  
**369 NORTH NEW YORK AVENUE, 3RD FLOOR**  
**WINTER PARK FL 32789**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	SILVER, SHOEL	225 S WESTMONTE DR, STE 3020	ALTAMONTE SPRGS. FL	<input type="checkbox"/>
DVS	COOPER, BERNARD	225 S WESTMONTE DR., STE 3020	ALTAMONTE SPRGS. FL	<input type="checkbox"/>
DVS	LUBIN, LAWRENCE	235 S WESTMONTE DR., STE 3020	ALTAMONTE SPRGS. FL	<input type="checkbox"/>
T	LUBIN, LAWRENCE	225 S WESTMONTE DR., STE 3020	ALTAMONTE SPRGS. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2221 Lee Road, Suite 24	Winter Park, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		2221 Lee Road, Suite 24	Winter Park, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		2221 Lee Road, Suite 24	Winter Park, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		2221 Lee Road, Suite 24	Winter Park, FL 32789	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

*[Signature]*

JUL 20/98

(411) 785-6000

CR2E034 (5/98)