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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760680

1. Corporation Name
THE GOLD SHIELD FOUNDATION, INC.

Principal Place of Business P.O. 25077 TAMPA FL 33622-5077	Mailing Address P.O. 25077 TAMPA FL 33622-5077
Zip: 33688-1791	Zip: 33688-1791



2. Principal Place of Business 21 P.O. Box 271791, Suite, Apt. #, etc. 22 City & State 23 Zip 24	Tampa, FL	2a. Mailing Address 26 P.O. Box 271791 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Tampa, FL.	3. Date Incorporated or Qualified 11/13/1981	4. FEI Number 59-2236362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VOSKERICHIAN, JOE P 13920 CLUBHOUSE CIRCLE TAMPA FL 33624				81 Name	Joe Voskerichian		
				82 Street Address (P.O. Box Number is Not Acceptable)	13920 Clubhouse Circle		
				83			
				84 City	Tampa	85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **JOE VOSKERICHIAN** DATE **January 14, 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLES, WILLIAM JR	1.2 NAME	Dr. Richard T. Bowers, U.S.F.
STREET ADDRESS	455 N. INDIAN ROCKS RD	1.3 STREET ADDRESS	4202 E. Fowler Avenue
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	1.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, FRED	2.2 NAME	Philip A. McNiff
STREET ADDRESS	2733 BULLARD DR	2.3 STREET ADDRESS	1 Steinbrenner Dr.
CITY-ST-ZIP	CLEARWATER FL 34622	2.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, BILLY	3.2 NAME	Joe Voskerichian
STREET ADDRESS	3102 N. HIMES AVE.	3.3 STREET ADDRESS	13920 Clubhouse Circle
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHFIELD, JACK B	4.2 NAME	Don Newberger
STREET ADDRESS	1 PROGRESS PLAZA	4.3 STREET ADDRESS	P.O. Box 270603
CITY-ST-ZIP	ST. PETERSBURG FL 33701	4.4 CITY-ST-ZIP	Tampa, FL 33688
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSACK, JAMES J	5.2 NAME	Gerald DeGood
STREET ADDRESS	501 E. KENNEDY BLVD, STE 1200	5.3 STREET ADDRESS	101 E. Kennedy Blvd. - #2200
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAUDE, THOMAS V	6.2 NAME	Richard K. Wittcoff
STREET ADDRESS	17200 COMMERCE PARK BLVD.	6.3 STREET ADDRESS	5700 Mariner St. - Apt 702-E
CITY-ST-ZIP	TAMPA	6.4 CITY-ST-ZIP	Tampa, FL 33609

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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached page, with an address, with all other like empowered.

SIGNATURE: **JOE VOSKERICHIAN** DATE: **January 14, 1999 (813)**

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

CR2E037 (1/198)