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

DOCUMENT # F98000004545

1. Corporation Name

THE GOLE-NETWORK, INC.

Principal Place of Business	Mailing Address
39 AVENUE OF THE COMMONS. SUITE 204 SHREWSBURY NJ 07702	39 AVENUE OF THE COMMONS. SUITE 204 SHREWSBURY NJ 07702

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90068 039 ***150.00



Principal Place	of Business	Mailing Ad	dress				(HEROEN (HIN (BIN) HO))) TO(: 661): 921): 99/(()	ient Blågt Blitt At	
39 AVENUE OF THE COMMONS. SUITE 204			OF THE COMM	ions. Su	ITE 2	204				,
SHREWSBURY NJ 07702 SHREWSBURY NJ 07702						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
							08/10/1998	<u></u>		· •
2. Principal Pla	ace of Business	2a. Mailing	Address				4. FEI Number		App	lied For
21		26					22-3578782			Applicable
Suite, Apt. #	#, etc.	Suite, /	Apt. #, etc.				5. Certifcate of Status Desired	ı 🗆	\$8.75 Ad Fee Red	
22		27								
City & State	•	City &	State				Election Campaign Financi Trust Fund Contribution	^{ng} □	\$5.00 M Added to	
23	0	28 Zip		Cou	ntov		8. This corporation owes the	current year Int		, 600 ,
Zip	Country	·		30	i ici y		Personal Property Tax.	Sulferit your in	☐Yes 🥱	(ÎNo
24	9. Name and Address of Curre	29 ent Registered A		130]			10. Name and Address of Ne	w Registered	Agent	
	3. Italie and Address of Cult	riogistorou r	g		81	Name	<u> </u>			
COR	PORATION SERVICE COMPAN	Y			82	Street Add	ress (P.O. Box Number is Not Acc	eptable)		· · · · · · · · · · · · · · · · · · ·
1201	HAYS STREET				02	Street Auu	Iress (P.O. box inumber is not acceptable)			
TALL	AHASSEE FL 32301-2525				83			1 1 Me	Carry als	F 17 19
					84	City			85 Zip C	ode
						•		FL	.	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508	, Florida Statut	es, the a	bove	-named con	poration submits this statement for	the purpose of	changing its	registered iistered
	to the provisions of Sections 607.0t egistered agent, or both, in the Stat m familiar with, and accept the obli						ion's board of directors, thereby a		i ilinoini as i og	,,,,,,,,,,
_	it fairmar with, and doops are one	9					·			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	e. (NOTE		Agent	t signature require	ed when reinstating)	DATE	ID DIDECTO	7 :
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
TITLE	ΨĎ		☐ DELETE	1.1 रा					Contrade	
NAME	MATZEL, BRUCE		_	1.2 N						
STREET ADDRESS	39 AVENUE OF THE COMMO	ONS, SUITE 204	•			ADDRESS				,
CITY-ST-ZIP	SHREWSBURY NJ 07702		DELETE		TY-ST	r-ZIP			Change	Addition
TITLE	DPST		☐ DELETÉ	2.1 TI		1				
NAME	MATZEL, GREGORY	NA 01117E 00		2.2 N						
STREET ADDRESS	39 AVENUE OF THE COMMO	ONS, SUITE 204	+			ADDRESS				
CITY-ST-ZIP	SHREWSBURY NJ 07702		☐ DELETE	_	TIF	T-ZIP		·	Change	Addition
TITLE			- DEFEIC	3.1 TI 3.2 N					- ·	
NAME				1		ADDRESS		,	. 5-	
STREET ADDRESS							•		$I_{\sigma} = \mathbb{N}_{>\sigma}$	•
CITY-ST-ZIP			DELETE	3.4. C	ITY-S	11-41			Change	* Addition
TITLE			_ 500010	4.2 N		{	·			
NAME						F ADDRESS				
STREET ADDRESS				l.	ITY-S					
CITY-ST-ZIP			DELETE	5,1 TI					Change	Addition
TITLE				5.2 N			• •		100	(x_1, x_2, \dots, x_n)
NAME STREET ADDRESS				5.3 S	TREET	TADDRESS				
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP	··· ·			
TITLE			DELETE	6.1 T	ITLE				Change	☐ Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREE	TADDRESS				
CITY-ST-7IP				6.4 C	ITY-\$	T-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 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, with all other like empowered.