FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90059 022 ***150.00

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 # H70237 1. Corporation Name

GUIL-TECH ENTERPRISES, INC.

Principal Place	of Business	Mailing Address		-	4 1881011 BILL SBUG 11958 11111 11	TAL EIBST GEGEL BIGG GEGEN	\$1811 81811 18 4 1
8718 WYTHMERE LANE 8718 WYTHMERE LN. ORLANDO FL 32835 US					DO NOT WRITE	IN THIS SPACE	
		•			3. Date Incorporated or Qualifed		
					08/07/1985		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	⊢-	oplied For
		26			59-2614512		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip	· Country	Zip	Country	1	8. This corporation owes the current		_/ \
25		29 30		Personal Property Tax.	☐ Yes	₩o	
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Reg	istered Agent	
O. III	DELLET BOOLVILE		81	Name			
	Beault, Roslyn F Wythemere Lane		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
ORLA	NDO FL 32835		83				
			84	1		FL	Code
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga Arsha Fhulbeau	of Florida, Such change was auth tions of, Section 607.0505, Florida L	orized by a Statutes oclin	the corporat S. 	poration submits this statement for the pur tion's board of directors. I hereby accept the	rpose of changing its ne appointment as re	registered gistered
	Signature, typed or printed name of registered ager			nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	3DS IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
TITLE	PSD CHILD FALLET BOOLVALE						
NAME	GUILBEAULT, ROSLYN F.		1.2 NAME				Ì
STREET ADDRESS	8718 WYTHMERE LANE			T ADDRESS			,
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	ST- ZIP		[] Change	[] Addition
TITLE	VP	☐ ØELETE	2.1 TITLE				
NAME	GUILBEAULT WALTER W		2.2 NAME				
STREET ADDRESS	8718 WYTHMERE LANE			TADDRESS			
CITY-ST-ZIP	ORLANDO FL	DELETE		ST-ZIP		Change	Addition
TITLE		☐ DECE TE	3.1 TITLE			onango	٠,٠٠٠
NAMÉ			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		C DELETE	3.4. CITY	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ criange	
NAME.	The second second second second		4. 2 NAME				
STREET ADDRESS	, - 5 ₄		i	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Citalige	L Addition
NAME			5.2 NAME	TADODECC			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		ITT Channe	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAME				
STREET ADDRESS		İ	6.3 STREE	TADDRÉSS			

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.

6.4 CITY+ST-ZIP

CITY-ST-ZIP

(467) 294-3266