**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90001 042 \*\*\*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 # H97549**

Corporation Name

GOULD	PUBLICATIONS INC.				
Principal Place	e of Business	Mailing Address			
107 ORANGE BLOSSOM CR ALTAMONTE SPGS FL 32714  107 ORANGE BLOSSOM CR ALTAMONTE SPGS FL 32714  ALTAMONTE SPGS FL 32714			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 02/04/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2642823	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	4 944	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	te .	City & State	ě	6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	Intangible ☐ Yes ☐ No
24	25	t Registered Agent	30	Personal Property Tax.  10. Name and Address of New Registere	
	9. Name and Address of Current	r Kegistered Agent	81 Name	10. Italie and Address of Non Registore	a Agont
XL C	CORPORATE SERVICES, INC.		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32802		83		SALES SE NOTE OF SEC.
		•			1. 15人對自動。第5人
			84 City	F	85 Zip Code
11 Purcuant	1				. F . N
agent. I a	to the provisions of Sections of Journal registered agent, or both, in the State of im familiar with, and accept the obligation	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the above-named corp authorized by the corporational Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changing its registered pointment as registered
office or r agent. I a SIGNATURE	to the provisions of Sections our Joseph registered agent, or both, in the State of im familiar with, and accept the obligati Signature, typed or printed name of registered agent	lions of, Section 607.0505, Fid	tes, the above-named corporational statutes.  E. Registered Agent signature require	ed when reinstating). DATE	
agent. I a	Im familiar with, and accept the obligation of the state	tions of, Section 607.0505, Fid at and title if applicable. (NOTE D DIRECTORS	onda Statutes.		AND DIRECTORS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE	E: Registered Agent signature require  13.  1.1 TITLE	ed when reinstating). DATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE	tions of, Section 607.0505, Fid at and title if applicable. (NOTE D DIRECTORS	E: Registered Agent signature require  13.  1.1 TITLE  1.2 NAME	ed when reinstating). DATE	AND DIRECTORS IN 12
agent. I a SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR.	tions of, Section 607.0505, Fid at and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating). DATE	AND DIRECTORS IN 12
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE	tions of, Section 607.0505, Fic t and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR.	tions of, Section 607.0505, Fid at and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating). DATE	AND DIRECTORS IN 12
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	tions of, Section 607.0505, Fic t and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	tions of, Section 607.0505, Fic t and title if applicable. (NOTE D DIRECTORS	E: Registered Agent agnature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	tions of, Section 607.0505, Fice and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	tions of, Section 607.0505, Fic t and title if applicable. (NOTE D DIRECTORS	E: Registered Agent aignature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition
Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	tions of, Section 607.0505, Fice and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition
Agent. Ta SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	tions of, Section 607.0505, Fice and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition
Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	tions of, Section 607.0505, Fice and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	ti and title if applicable. (NOTE D DIRECTORS DELETE DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	ti and title if applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	ti and title if applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	ti and title if applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ed when reinstating). DATE	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	ti and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	ti and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.5 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	trand title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	ti and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD GOULD, BRUCE 107 ORANGE BLOSSOM CIR. ALTAMONTE SPRINGS FL	trand title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	ed when reinstating). DATE	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition

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 of 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 attactment with an address, with all other like empowered.

**SIGNATURE** 

SICATURX REQUIRED ATURE AND ATURE AND ATURE AND ATURE AND ATURE AND ATURE OF EIGHT OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OFFIC

/19/99 403

407- 788-933Z