FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300064051 (4)

GILDED LILY, INC.

Principal Place of Business

Mailing Address

FILED Feb 06 1997 8:00am Secretary of State



11611 VILLAGE PLACE HOUSTON TX 77077		11611 VILLAGE PLACE HOUSTON TX 77077-6770					
}					3. Date Incorporated or Qualified 09/14/1993	3a. Date of Le	
2. Principal Pla	ace of Business	2a. Mailing Address	1100	<u>, DI</u>	4. FEI Number		Applied For
21 1 6 [Village Pl	26 11011	11qq	<u>e 11</u>	65-0438601		Not Applicable
Suite, Apt #	ston TX	27 HOUSTON	LL	Χ	5. Certificate of Status Desired	1 1 '	75 Additional se Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 24 770		^{Zip} 77077	30 Cour	ärris		Yes No	der s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	HINSKY, GLENN E ESQ.		'	Name S	Same		
1200 N. FEDERAL HWY., SUITE 200				82 Street Address (P.O. Box Number is Not Acceptable)			
BOC	A RATON FL 33432		ŀ	33	***************************************	·	
			[~			' 1
			[1	34 City		FL 85	Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the ab	ove-named corr	poration submits this statement for the p		ing its registered
office or re	gistered agent, or both, in the State of	Florida Such change was	authorized	by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointmen	nt as registered
i	//////////		orica otata	100.		1/20/9	シ
SIGNATURE	Signature expect or printed name of registered agent	and cut applicable INO	It Registered	Agent signature requi-	red when reinstating)	DATE	
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TOTALE	D /	☐ DELETE	1.1 TIT			Cha	ange Addition
NAME	VEENEMAN, ZOE 11611 VILLAGE PLACE		1.2 NAM				
STREET ADDRESS	HOUSTON TX		1	EFT ADDRESS			
CITY ST-ZIP	HOUSION IX	DELETE	1,4 CIT 2,1 TITL	r ST · ZiP		Cha	ange Addition
NAME			2.2 NAM	i i			go
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
THLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TIT			☐ Cha	ange Addition
NAME			3 2 NA	ne.			
STREET ADDRESS			3 3 STF	EET ADORESS			
CITY - S1 - ZIP			34 CF	Y-ST-ZIP			
TITLE		DELETE	4.1 1111	E		☐ Cha	ange 🔲 Addition
NAME			4 2 NA	ME			
STREET ADDRESS				EET ADDRESS			
CITY-SI-ZI	The same of the sa	DE1277		r-ST-ZIP		[] (N.	ange Addition
T:TLE		DELETÉ	51 THT			☐ Ch	NOMBOON [] SQUA
NAME			52 NA				
STREET ADDRESS				EET ADDRESS			
CITY+ST+ZiP TITLE		DELETE	54 CHT 61 THT	Y-ST-ZIP		☐ Ch	ange Addition
NAME		L. John C.	6 2 NA	ì			- Ind indian
1				EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			0.4 GH	Y - ST - ZIP			

14. I do hereby certily 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

TOE Jeeneman 1-18-97 713-558-723; SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR