

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000064051 (4) 1. Corporation Name GILDED LILY, INC.			
Principal Place of Business		Mailing Address	
11611 VILLAGE PLACE HOUSTON TX 77077		11611 VILLAGE PLACE HOUSTON TX 77077-6770	
2. Principal Place of Business		2a. Mailing Address	
21 11611 Village Pl <small>Suite, Apt. #, etc.</small> 22 Houston, Tx <small>City & State</small> 23 <small>Zip</small> 24 77077 <small>Country</small> 25 Harris		26 11611 Village Pl <small>Suite, Apt. #, etc.</small> 27 Houston, Tx <small>City & State</small> 28 <small>Zip</small> 29 77077 <small>Country</small> 30 Harris	
9. Name and Address of Current Registered Agent			
WICHINSKY, GLENN E ESQ. 1200 N. FEDERAL HWY., SUITE 200 BOCA RATON FL 33432			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, such change was authorized by the corporate agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE _____ <small>(Signature typed or printed name of registered agent and vice if applicable) (NOTE: Registered Agent signature required)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	13.
NAME	VEENEMAN, ZOE		1.1 TITLE
STREET ADDRESS	11611 VILLAGE PLACE		1.2 NAME
CITY - ST - ZIP	HOUSTON TX		1.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY - ST - ZIP			2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Zoe' Veeman, Zoe' Vee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)