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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P94000004409 (6)

**FILED** May 04 1998 8:00am Secretary of State

GULD SEAL SERVICES, INC.						4 195(195( 119 19)(4 5)5(4				
Principal Plac	e of Business	Mailing Address				{	OFFIT BANK BUI			
1399 N. KILLIAN DR. P.O. BOX 12182										
#6 LAKE PARK FL 33403										
LAKE PARK FL 33403 US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						01/10/1994	Quaimed			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			T Ar	plied For
21 8715 PLUTO TERRACE 26						65-0464005				ot Applicable
Suite, Apt. #, etc.						5. Certificate of Status D	esired			Additional
City & State	E PARK, 12	City & State	City & State						Fee Re	
23 33403			6			<ol> <li>Election Campaign Fit Trust Fund Contribution</li> </ol>	_		\$5.00 Added t	
Zip	Country	Zip Cou				8. This corporation owes				
24	25 U.S	29	30			Personal Property Tax		_	_	] No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address	of New Reg	listered Ag	ent	
	isel, Keith W			81	Name					
712 US 1 Suite 230				82	Street Address (P.O. Box Number is Not Acceptable)					
NORTH PALM BEACH FL 33408				83			<del></del>			
					<u>-</u>			<del></del>		
					City			PL 1		Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									s registered	
agent. I am familiar with, and accept the phinations of, Socion 607.0505, Florida Statutes.										iogioloi oo
SIGNATURE	Signature, hypher or printed name of registered ages	l Agent	signature required			4/24	<u>98</u>			
12.	OFFICERS AN		13.	- Agent	algriatore required	ADDITIONS/CHANGES	TO OFFICE	FRS AND D	IRECTOR	S IN 12
TITLE	P	☐ DELETE	1.1 Tr	'L <del>E</del>					Change	Addition
NAME	JONES, LEWIS G 12N		ME							
STREET ADDRESS	1399 N. KILLIAN DR. STE 6.		1.3 \$1		DRESS 8	715 PLUTO -	(ECILI	+ CE		
CITY-ST-ZIP	LAKE PARK FL	1.4		TY - ST - Z	OP U	AKE PARK,	<u>h</u>	334		
TITLE		☐ DELETE	2.1 Ti						Change	Addition
NAME STREET ADDRESS			2.2 NAME		*****					
CITY-ST-ZIP			2.3 STRI 2 4 CIT		1					ļ
TITLE		DELETE	DELETE 3.1 TIT		ZIP			. г	Change	Addition
NAME			3.2 NA					_	Change	
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CITY-ST-ZIP			3.4. C	TY-ST-	ZIP					
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NAME			4. 2 N							
STREET ADDRESS				REET AD	Į.					
CITY+ST-ZIP TITLE		☐ DELETE		Y-ST-Z	TIP .			<del></del>	Channa	Addition
NAME			5.1 TIT					LJ	Change	Addition
STREET ADDRESS			5.2 NA	ME REET ADI	noccc					
CITY-ST-ZIP				Y-ST-Z	1					
TITLE		DELETE	61 111						Change	Addition
NAME			62 NA	ME					•	
STREET ADDRESS			6.3 ST	REET ADI	DRESS					
CITY-ST-ZIP			6.4 CI1	Y-ST-2	IP .					
14. I hereby c	ertify that the information supplied yet	h this filing does not qualify f	for the exe	mption	n stated in Se	ection 119.07(3)(i), Florida	Statutes. I fu	urther certify	that the	information

indicated on this annual report or supplemental arrural 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 receiptr 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:

561 8810035