

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000032880 (3)**
1. Corporation Name

GOLD & DIAMOND CLOSEOUTS, INC.

Principal Place of Business
2796 RESNIK CIR. EAST
PALM HARBOR FL 34684

Mailing Address
P.O. BOX 6126
PALM HARBOR FL 34684

98 NOV 13 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1995

4. FEI Number

59-3391117

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACONI, SHAWMEE L
2796 RESNIK CIR. EAST
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name **B. Gray Gibbs Esq**
82 Street Address (P.O. Box Number is Not Acceptable)
100 2nd Ave South Suite 704
83
84 City **St Petersburg** 85 Zip Code **FL 33701**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	MACONI, SHAWMEE L	
STREET ADDRESS	2796 RESNIK CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800002690858-4
1.3 STREET ADDRESS	-11/18/98-01078-011
1.4 CITY-ST-ZIP	***\$50.00 ***\$50.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE

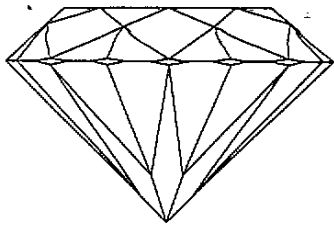
Shawmee L Maconi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-98
Date

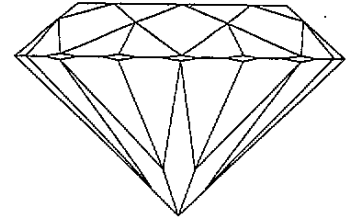
Daytime Phone #

0104105

CR2E034 (5/98)



G & D RESOURCES



CLOSEOUT SPECIALISTS - MANUFACTURERS - LOOSE DIAMONDS

November 12, 1998

*Division of Corporation
409 East Gaines St.
Tallahassee, Florida 32399*

*This letter is to confirm telephone conversation
between Andy and Shawn on November
12, 1998 at approximately 10:00 clock am.*

*This will also confirm that we are no
longer using named Attorney on
Document P950000 32880 (3)*

*Sincerely
General Fontaine
Asst. Bookkeeper*

28550 U.S. 19 N. CLEARWATER, FL. 34621

(813) 724-0777 - FAX (813) 724-6108