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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 # P95000032880

1. Corporation Name

GOLD &	DIAMOND CLOSEOUTS,	IIAO-			
Principal Place	o of Business	Mailing Address			
		P.O. BOX 6126			
2796 RESNIK CIR. EAST P.O. BOX 6126 PALM HARBOR FL 34684 PALM HARBOR FL 34684					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/24/1995
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26				59-3391117 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired Fee Reculred	
22 27					
		— ·			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23 28		Country	v	8. This corporation owes the current year intangible	
24	25		30	•	Personal Property Tax.
	9. Name and Address of Curi				10. Name and Address of New Registered Agent
-			81	Name	ne
MACONI, SHAWMEE L			82	Street	eet Ac dress (P.O. Box Number is Not Acceptable)
2796 RESNIK CIR. EAST			1	Olleer	et Action (1.0. Box Hallion to Hot Floorplants)
Palm Harbor Fl 34684			83	3	
			84	l City	85 Zip Code
			04	City	FL S Z D D D D D D D D D
office crr	egistered agent or bolb in the Sta	ite of Florida. Such change was au gations of, Section 607.0505, Flori	thorized by ida Statute	the corps.	ed corporation submiles this statement for the purpose of changing its registered proofs tion's board of cirectors. I hereby accept the appointment as registered use required when reinstating) OATE
12.	OFFICERS	ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12
TITLE	PST	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACONI, SHAWMEE L		1.2 NAME		
STREET ADORE 3S	2796 RESNIK CIRCLE		1.3 STREE	T ADDRESS	SS
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	TADDRESS	ess
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	ET ADDRESS	SSS
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME		
STREET ADDRE IS			1	TADDRESS	SSS
CITY-ST-ZIP		□ DGI ETE	4 4 CITY-ST-ZIP		Change Additio
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME					922
STREET ADDRESS				T ADDRESS	333
CITY-ST-ZIP			5.4 CITY-5 6.1 TITLE	51-ZIP	Change Additio
TITLE		☐ NETELE	6.2 NAME		
NAME			0.2 H/W/E		1

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 eport 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 copposition 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 in changed, or on an attachment with an address, with a lightness that I am address, with a lightness that I am address, with a lightness that I am address in Block 12 or Block 13 in changed, or on an attachment with an address, with a lightness that I am address in Block 12 or Block 13 in changed.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP