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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

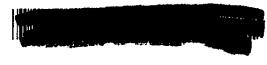
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000050658(0)

GUILIANO & ASSOCIATES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						The state of the s				
	l4 Clearvie	w Drive	C A	MT			İ			
Safety Harbor, FL 34695							DO NOT WRITE IN THIS SPACE			
parecy narbor, rh 34695							3. Date Incorporated or Qualified			
							06/28/1995		İ	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					4. FEI Number			
	lace of Business		2a. Mailing Address				** *		Applied For	
	L4 Clearvie	W Drive 2					59-3322817		Not Applicable	
Suite, Apt.	#, etc.	_	Suite, Apt. #. etc.	•			5. Certificate of Status Desired		Additional	
22		2	7						Required	
City & State			City & State				6. Election Campaign Financing		0 May Be	
	<u>Safety Harb</u>		28				Trust Fund Contribution		to Fees	
Zip	Count	·	Zip Country				8, This corporation owes or has paid th			
24 34	1695 25 US.		29	30			Personal Property Tax due June 30. 10. Name and Address of New Registr	-	□ No	
	g, Name and Addri	ess of Current Re	gistered Agent		81	Mana	10, value and vootess of New Hegisti	ned Adeur		
đ					*'	Name SI	AME		ļ	
GUILIANO, MICHAEL J.						Street Addre	ess (P.O. Box Number is Not Acceptable)			
14 Clearview Drive										
Safety Harbor, FL 34695					83					
					84	City		85 Zip	Code	
						- •		FLI	i	
11. Pursuant	to the provisions of Sec	tions 607.0502 an	d 607.1508, Florida \$	tatules, the	above	-named corp	oration submits this statement for the purpo	se of changing	its registered	
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	Signature, typed or printed name	e of registered agent and	: te 1 accidadio	(NOTE: Registe	red Age	ni signature reducti	ed when reinstating) Di	ATE .		
12.		OFFICERS AND DI		13	٠		ADDITIONS CHANGES TO OFFICERS			
TITLE	DΡ		☐ DELETE	1.1	TITLE			Change	🗀 Addition	
HALLE	GUILIANO,	MICHAEL.	.T	1.2	NAME	1				
STREET ADDRESS	14 Clearview Drive			1.3	STREET	ADDRESS				
CITY-ST-ZIP	Safety Hai	rbor. Fi	34695	1.4	CITY-S	T- ZIP				
TITLE	ST		☐ DELETE	2.1	TILE			Change	Addition	
NAME	GUILIANO,	SHARON		2.2	NAME	- 1			j	
STREET ADDRESS	14 Clearvi	iow Drive		2.3	STREET	ADORESS			ľ	
CITY-ST-ZP	Safety Har			1	CITY-S				·	
TITLE	Date CA Har	- DU-L g . · F J j	34 h 9 5		TITLE			[] Change	Addition	
NAME					NAME				-	
STREET ADDRESS						ADDRESS				
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CITY-ST-ZIP		·	I DELETE		TITLE	1 CIF		Change	Addition	
			C. OLLEIG					L. Grange		
NAME					NAME					
STREET ADDRESS						AODRESS				
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STREET ACCRESS				5.3	STREET	ADDRESS			E C	
11M-11-29					CITY-\$1	T-ZIP			<u> </u>	
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,π.%				6.2	NAME		-05/06/3801014-	-030		
1.4ff. 1.04ff.				5.3	STREET	ADDRESS	***150.00	000		
170-75	!			3.4	CITY - SI	r- <i>z</i> ip	mmin 1 City Ott			

**35. Sartify 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 this annual report of suppliemental 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 infection of the faceiver of the fa

04-29-98