

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

FILED

May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000050658(0)  
1. Corporation Name

GUILIANO & ASSOCIATES, INC.

Principal Place of Business Mailing Address  
14 Clearview Drive SAME  
Safety Harbor, FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/28/1995

2. Principal Place of Business 2a. Mailing Address  
14 Clearview Drive

4. FEI Number Applied For  
59-3322817 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country  
34695 USA

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

10. Name and Address of New Registered Agent

GUILIANO, MICHAEL J.  
14 Clearview Drive  
Safety Harbor, FL 34695

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILIANO, MICHAEL J	1.2 NAME	
STREET ADDRESS	14 Clearview Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	1.4 CITY-ST-ZIP	
TITLE	S T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILIANO, SHARON	2.2 NAME	
STREET ADDRESS	14 Clearview Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Safety Harbor, FL 34695	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	400002512584
STREET ADDRESS		6.3 STREET ADDRESS	-05/06/98--01014--030
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 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 Section 2 or Block 13 of attached Form 1001.

04-29-98