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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Parris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050658

1. Corporation Name: Guiliano Assoc. Inc.

Principal Place of Business Mailing Address

14 Clearview Drive Safety Harbor, FL 34695

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc. See Above

26 P.O. Box 727 Safety Harbor, FL

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 U.S. 29 34695 30 Pinellas

9. Name and Address of Current Registered Agent

Michael J. Guiliano 14 Clearview Drive Safety Harbor FL 34695

81 Name

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

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12 OFFICERS AND DIRECTORS: President: Mike Guiliano, 14 Clearview Drive, Safety Harbor, FL. Treasurer/Secretary: Sharon Guiliano, 14 Clearview Drive, Safety Harbor, FL 34695.

13 ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1999: 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP.

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of the corporation, or authorized 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 attached sheet with an address, with a similar like empowered.

SIGNATURE: Michael J. Guiliano 5/5/99 727-724-3637

CR2E034 (11/98)