PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059032

1. Corporation Name

GOUDIVIET EVENT DAT, INC.	
Principal Place of Business	Mailing Addres

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90209 015 ***150.00



ORLANDO FL 3	LIVINGSTON STREET 614 EAST LIVINGSTON STREET FL 32803 ORLANDO FL 32803											
CHEMICO IL SI	MENINDO LE 25000					DO NOT WRITE IN THIS SPACE						
								Date Incorporated or Qualifed 07/28/1995		}		
2 Principal Pla	ace of Business	2a.	Mailing Address					FEI Number	TA	Applied For		
	ado 01 220000	26						59-3353911	1	Not Applicable		
Suite, Apt. 1	#. etc.	201	Suite, Apt. #, etc.				+-	S	8.75	Additional		
22	27				_		—			Required		
City & State	•	1	City & State				6.	Election Campaign Financing Trust Fund Contribution		May Be to Fees		
23	Country	28	<u> </u>									
Zip	Country	-	<u> </u>				8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Curren	t Poglet		30				10. Name and Address of New Registered Agent				
	9. Name and Address of Current	r regis	tereu Agerit	81	П	Name		Traine end reaction to the second end of the sec				
WAR	REN, RICHARD											
	EAST LIVINGSTON STREET			82	2	Street Addre	ess (P	P.O. Box Number is Not Acceptable))		
ORLANDO FL 32803				83	+							
· ·				84	+	City		FL ⁸	5 Zip	Code		
		- 100	07 (500 F) il- Out to	45	1		- mation		nging i	ts 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												
JOHA TORE	Signature, typed or printed name of registered ager				ent :	signature required						
12.	OFFICERS AN	D DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND D				
TITLE	Р		☐ DELETE	1.1 TITLE		Ì		r)	Chang	e 🗌 Addition		
NAME	WARREN, ROSEMARY			1.2 NAME								
STREET ADDRESS	614 EAST LIVINGSTON STREE	T		1.3 STREE	ET A	ADDRESS				ĺ		
CITY-ST-ZIP	ORLANDO FL 32803			1.4 CITY-	ST-	ZIP			<u></u>			
TITLE	ST		☐ DELETE	2.1 TITLE				Ц	Chang	e 🗌 Addition		
NAME	WARREN, RICHARD			2.2 NAME						ì		
STREET ADDRESS	614 EAST LIVINGSTON STREE	T		2.3 STREE	ET A	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32803			2.4 CITY-	ST-	-ZIP						
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STREET ADDRESS				5.3 STREE	ET A	ADDRESS						
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CITY-ST-ZIP			☐ DELETE	6.1 TITLE					Chang	e Addition		
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				6.3 STRE		ADDRESS						
STREET ADDRESS				6.4 CITY-						ļ		
CITY-ST-ZIP				0.4 CITY-	31-			- 440 07(2)(i) Florida Statuton I fudbar codifiu				

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, with all other like empowered.

SIGNATURE