Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90152 006 \*\*\*150.00

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

PROFIT! CORPORĂTION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000061832

GOULD'S PAPER HOUSE, INC.

Principal Place of Busine	ess.	Mailing Address		( 4840\$680 tio intex bişit polit 68511 octiv 41	NITO DITOL CIDAL INTO ENTRE HOLE
11 MADISON AVE		11 MADISON AVE			
NEW YORK NY 10011		NEW YORK NY 10011			110 00405
us us		US		DO NOT WRITE IN T	HIS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>08/10/1995</li> </ol>	
2. Principal Place of Bus	siness	2a. Mailing Address		4. FEI Number	Applied For
21		26		13-3850437	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28	Country		
Žip	Country	29 3		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	∏Yes ☐No
24 9 Nam	25 e and Address of Current	11.	<u> </u>	10. Name and Address of New Register	
3, Naii	le and Address of Carrent		81 Name		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET		99 044 4 4	dress (P.O. Box Number is Not Acceptable)		
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 105			83		
TALLAHASSEE FL 32301		,			7in Codo
			84 City	F	Zip Code
11. Pursuant to the prov	isions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named con	rporation 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, typ	ed or printed name of registered agent a	and title if applicable. {NOTE: R	tegisterød Agent signature requi		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE PD			1,1 TITLE		
I ' I	, Harry e Jr.	Dettic			☐ Change ☐ Addition
			1.2 NAME		☐ Change ☐ Addition
	ISON AVE				☐ Change ☐ Addition
	ISON AVE ORK NY 10010		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE ETD	ORK NY 10010	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE ETD LALA, C	ORK NY 10010 N.J.		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		
NAME LALA, C STREET ADDRESS 11 MAD	DRK NY 10010 D.J. DISON AVE		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
TITLE ETD  NAME LALA, C  STREET ADDRESS 11 MAD  CITY-ST-ZIP NEW YO	ORK NY 10010 N.J.	[] OELETÉ	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE ETD  NAME LALA, C STREET ADDRESS CITY-ST-ZIP NEW YO TITLE VPCD  NAME CLARK;	DRK NY 10010 D.J. ISON AVE DRK NY 10010	DELETÉ  SELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME (C)	COMANDINI, ALEX	☐ Change ☐ Addition
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TITLE ETD  NAME LALA, C  STREET ADDRESS  CITY-ST-ZIP NEW YO  TITLE VPCD  NAME CLARK;  STREET ADDRESS  CITY-ST-ZIP NEW YO	DRK NY 10010 D.J. ISON AVE DRK NY 10010	DELETE  DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP	COMANDINI, ALEX 11 MADISON AVE NEW YORK, NY 10010	☐ Change ☐ Addition ☐ Change ☐ Addition
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TITLE ETD  NAME LALA, C  STREET ADDRESS 11 MAD  TITLE VPCD  NAME CLARK; STREET ADDRESS 11 MAD  CITY-ST-ZIP NEW YO  TITLE SD  NAME STREET ADDRESS 11 MAD  NAME STREET ADDRESS 11 MAD  NAME STREET ADDRESS 11 MAD	ORK NY 10010  J.J.  ISON AVE ORK NY 10010  CH.J.  ISON AVE ORK NY 10010  M.  ISON AVE	DELETE  DELETE	1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  1.3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  1.4 STREET ADDRESS  1.5 STREET ADDRESS	COMANDINI, ALEX 11 MADISON AVE NEW YORK, NY 10010 TULLEN, PATRICK 11 MADISON AVE	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE ETD  NAME LALA, C STREET ADDRESS 11 MAD  CITY-ST-ZIP VPCD  NAME CLARK; STREET ADDRESS 11 MAD  TITLE SD  NAME STREET ADDRESS 11 MAD  STREET ADDRESS 11 MAD  NEW YOU  STREET ADDRESS 11 MAD  NEW YOU  NAME PEARL,  STREET ADDRESS 11 MAD  NEW YOU  NEW YOU	ORK NY 10010  OJ.  ISON AVE ORK NY 10010  CH.J.  ISON AVE ORK NY 10010  M.	DELETE  SA DELETE	1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  1.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.5 MAME  1.6 NAME  1.7	COMANDINI, ALEX 11 MADISON AVE NEW YORK, NY 10010 TULLEN, PATRICK	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Addition ☐ Addition ☐ Addition
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TITLE NAME LALA, C STREET ADDRESS CITY-ST-ZIP NEW YO TITLE VPCD NAME CLARK; STREET ADDRESS CITY-ST-ZIP NEW YO TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YO TITLE NAME NEW YO TITLE NAME NEW YO TITLE NAME	ORK NY 10010  J.J.  ISON AVE ORK NY 10010  CH.J.  ISON AVE ORK NY 10010  M.  ISON AVE	DELETE  SA DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 1.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 1.4 CITY-ST-ZIP 4.1 TITLE 5.1 TITLE 5.2 NAME	COMANDINI, ALEX 11 MADISON AVE NEW YORK, NY 10010 TULLEN, PATRICK 11 MADISON AVE	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Addition ☐ Addition ☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP