


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90012 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000066450** ✓  
 1. Corporation Name  
**GK PUBLISHING, INC.**

Principal Place of Business 10330 N. DALE MABRY HWY STE 226 TAMPA FL 33618	Mailing Address 10330 N. DALE MABRY HWY STE 226 TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	12000 N. Dale Mabry Hwy	26	12000 N. Dale Mabry Hwy	08/28/1995		59-3365765		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22	#270	27	#270	<input type="checkbox"/>					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
23	Tampa, FL	28	Tampa, FL	<input type="checkbox"/>					
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.		Yes <input type="checkbox"/> No <input type="checkbox"/>			
24	33618	25	USA	29	33618	30	USA		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
GOLDMAN, TODD 10330 N. DALE MABRY HWY STE 226 TAMPA FL 33618				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				12000 N. Dale Mabry Hwy				
				83	Suite 270			
				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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLOPFENSTEIN, MICHAEL			1.2 NAME			
STREET ADDRESS	8434 RIDGEBROOK CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ODESSA FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDMAN, TODD			2.2 NAME			
STREET ADDRESS	14621 VILLAGE GLEN CIR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			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			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: Todd Goldman 7/27/99 813/244-2772  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0087960

CR2E034 (5/99)



# THE GOLDMAN GROUP, INC.

12000 North Dale Mabry Highway, Suite 270, Tampa, FL 33618 • Phone 813-264-2772 • Fax 813-264-2343

July 27, 1999

601733-90012-6  
795 000066450

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This is in regards to our 1999 Corporation Annual Report. Our check #5036 (copy enclosed) was mailed to you 3/12/99 along with the application. However, the check never cleared and I assume has been lost in the mail.

Enclosed is another check (#5335) in the amount of \$150.00 along with the application.

Should you have any questions, please feel free to contact me at 813/264-2772. Please note our change of address on the application.

Sincerely,

*Meshelle Marino*

Meshelle Marino  
Office Manager

Publishing Representatives  
& Consultants

Convention, Exhibit  
& Event Management

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