**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000049866**1. Corporation Name

GOTIE ENTERPRISES, INC.

## **FILED** Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90099 014 \*\*\*150.00



Principal Place	of Business	Mailing Address				1 (280) 400 to total adult 200) 2001 2001	- 12/8/ 151	16 Silin 611) 1981
174 NO FLORIDA AVENUE 174 NO FLORIDA AVENUE								
INVERNESS FL		INVERNESS FL 34453	INVERNESS FL 34453			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						06/11/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26	26			59-3383637		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>–</b>			5. Certificate of Status Desired See Required		
City & State	8	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
	Zip Country Zip		Country Country			8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Ag	ent	
				81	Name			
CONTI, NICHOLAS J . 174 NO FLORIDA AVENUE				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	RNESS FL 34453		83					
	· - · · · - · ·							
				84	City	FL		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.								
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: Reg					t signature requir	ed when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	D	☐ DELETE	1.1 Π			L		, Dygggg
NAME	CONTI, NICHOLAS J		1.2 N/					ļ
STREET ADDRESS	33 S DAVIS ST				ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS FL			TY-ST	-ZIP		Change	e ∐ Addition
ĬŪſŒ	D	☐ DELETE	2.1 Π			L	_ Change	- CJ Addition
NAME "	GOSACK, WALTER		2.2 N					
STREET ADDRESS	5325 EAST CLAYRE LANE		1		ADDRESS			ļ
CITY-ST-ZIP	INVERNESS FL 34452	C) an ere	2.40		T-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TI			L		
NAME	المن الشهداد يا	مسيمونج بييات ونسي مري	3.2 N/					
STREET ADDRESS					ADDRESS	•		ĺ
CITY-ST-ZIP		[ <sup>2</sup> ] 52,544	_	ITY-S	T-ZIP		Change	e Addition
TITLE		☐ DELETE	4.1 TI			L	~	
NAME			4.2 N					
STREET ADDRESS			8		ADDRESS			ł
CITY-ST-ZIP		DELETE	4,4 CI 5.1 TI		-ZIP		Change	e Addition
TITLE		☐ VELETE	5.1 II 5.2 N/		]			
NAME					ADORESS			1
STREET ADDRESS								}
CITY-ST-ZIP		□ DELETE	6.1 TI	TY-ST			Change	e Addition
TITLE		□ OECETE	6.2 N/			·	_	
NAME					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP			6.4 CI	TY-\$1	-ZIP	Santian 140 07/3/// Eleride Statutes I further certific	. 414-11	· • • • • • • • • • • • • • • • • • • •

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 of an attachment with an address, with all other like empowered.

SIGNATURE: <