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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058657

1. Corporation Name GOLLY GRANTS ON LINE, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90031 050 ***150.00



			_				ANIBI DILDI KAKIN DIK	
Principal Place	of Business	Mailing Address						
11295 N 38TH ST " 11295 N 38TH ST						•		
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			i			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	·				'	07/11/1996		
		a Mailing Address				4. FEI Number	A	Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			[]	65-0684393	· -	Not Applicable
21		Suite, Apt. #, etc.					\$8.75	Additional
Suite, Apt. #	#, etc.	<u> </u>			[:	5. Certifcate of Status Desired	¥	Required
22		City & State				6. Election Campaign Financing	\$5.00	0 May Be
City & State		<u>⊢</u> 1			'	Trust Fund Contribution		d to Fees
23		28	Cou	ntn/		8. This corporation owes the current year		
Zip	Country	Zip	_	i iu y		Personal Property Tax.	∐ Yes	□No
24	25	29	30			Name and Address of New Register	ered Agent	
	9. Name and Address of Curre	ent Registered Agent		81 Nan		U. Trume und Francisco		
AAFAN	DELL LAY O	and the state of the control of the						
	DELL, JAY S			82 Stre	et Address	(P.O. Box Number is Not Acceptable)		Ì
	5 N 38TH ST	•				2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	W 14 10 1	25 4 75 (5.5) 27
COR	AL SPRINGS FL 33065	•		83				學和機能
				84 City		20.00		p Code
	•			1 - 1		***	<u> </u>	
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	tes, the a	bove-nam	ed corpora	tion submits this statement for the purpo board of directors. I hereby accept the	se of changing i	its registered registered
office or re	egistered agent, or both, in the Stat	te of Elorida. Such change was a	authorizeo orida Stat	iby ine co utes.	rporation s	board of directors. Thereby accept the	100	.09.0.0.0
agent. I ai	m familia with, and accept he toli	Joy ME	200	22		2/17/	97	
SIGNATURE	19.00							
—	Ctan exten amount or printed name of registered a	nent and title if applicable. (NOTE	E: Registered	Agent signate	re required who	en reinstating) DA	TE	
	Signature typed or printed name of registered a	gent and title if applicable. (NOTE	E: Registered	Agent signate	ire required wh	an reinstating). DA ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECT	TORS IN 12
12.	Signature typed or printed name of registered a OFFICERS /	gent and title if applicable. (NOTE AND DIRECTORS DELETE	E. Registered	Agent agnati	ire required wh	an reinstating). P DA' ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	TORS IN 12
12.	Signature Speed or printed name of registered a OFFICERS /	AND DIRECTORS	13.	TLE	ure required who	en reinstating). :: DA' ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	TORS IN 12 e Addition
12. TITLE NAME	Signature Arped or printed name of registered a OFFICERS / D MENDELL, JAY S	AND DIRECTORS	13. 1.1 TI 1.2 N	TLE AME		en reinstating). :: DA' ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	TORS IN 12 e
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Arped or printed name of registered a OFFICERS / D MENDELL, JAY S	gent and title if applicable. (NOTE	13. 1.1 TI 1.2 N 1.3 S 1.4 C	TLE AME TREET ADDRE		en reinstating). Fr. DA' ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTION Chang	e
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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)(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 on 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 changes, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS