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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

____1**9**98

DOCUMENT #

P97000025504 (6)

GULINO COMMUNICATIONS INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2833 SW 14TH CT 2833 SW 14TH CT DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1997 2. Principal Place of Business TACT 2a. Mailing Address Applied For 26 SAME Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing DEEDSIEUD BEAU 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GULINO, VINCENT R 2833 **SW** 14TH CT Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33442** В3 84 City 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 printee name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TOTLE Change Addition TITLE NAME **GULINO, VINCENT R** 1.2 NAME 2833 SW 14TH CT STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 41 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ■ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY+ST-ZIP

14. Thereby 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 attendment with an address.

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Mucual I Hall

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