

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000082022 (9)

1. Corporation Name  
GUYANESE-AMERICAN CONNECTION, INC.



Principal Place of Business  
144 SW EXEMORE ST  
PORT ST LUCIE FL 34983

Mailing Address  
144 SW EXEMORE ST  
PORT ST LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1997	
21	Suite, Apt. #, etc.	26	P.O. Box #9281	4. FEI Number	Applied For Not Applicable
22	City & State	27	2265 SE MIDPORT RD	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	PORT ST. LUCIE FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	34952-9976	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
25	Country	30	U.S.A		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OGLE, MEGAN 144 SW EXEMORE ST PORT ST LUCIE FL 34983		81 Name RANDOLPH BRADFORD	
		82 Street Address (P.O. Box Number is Not Acceptable) 112 NW CURTIS ST.	
		83	
		84 City PORT ST. LUCIE	
		85 Zip Code 34983	

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 RANDOLPH BRADFORD

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	D	1.1 TITLE	Change Addition
NAME	OGLE, RANDOLPH	1.2 NAME	
STREET ADDRESS	144 SW EXEMORE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	BRADFORD, RANDOLPH	2.2 NAME	
STREET ADDRESS	112 NW CURTIS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	OGLE, MEGAN	3.2 NAME	
STREET ADDRESS	144 SW EXEMORE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change Addition
NAME	BRADFORD, JOYCELYN	4.2 NAME	
STREET ADDRESS	112 NW CURTIS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34983	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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 RANDOLPH BRADFORD

Randolph Bradford

DATE 05-27-98

CR2E034 (10/97)