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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082022

1. Corporation Name

GUYANESE-AMERICAN CONNECTION, INC.

Principal Place of Business

144 SW EXEMORE ST
PORT ST LUCIE FL 34983

Mailing Address

P.O. BOX 9281
2255 SE MIDPORT RD
PORT ST LUCIE FL 34952-9976
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

31-1506035

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 367 MAJESTIC TERR
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 9281
Suite, Apt. #, etc.

22 City & State

23 PORT ST LUCIE FL
Zip Country

27 City & State

28 PORT ST LUCIE FL
Zip Country

24 34984

25

29 34952-9976

30

ST. LUCIE

9. Name and Address of Current Registered Agent

BRADFORD, RANDOLPH
112 NW CURTIS ST
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

OSWALD FRASER SR.

82 Street Address (P.O. Box Number is Not Acceptable)

401 S.W. PRADO AVE

83 City

PORT ST LUCIE, FL 34983

84

FL

85 Zip Code
34983

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE ☐ DELETENAME
D
OGLE, RANDOLPH
STREET ADDRESS
144 SW EXEMORE ST
CITY-ST-ZIP
PORT ST LUCIE FL 34983TITLE ☐ DELETENAME
D
BRADFORD, RANDOLPH
STREET ADDRESS
112 NW CURTIS ST
CITY-ST-ZIP
PT ST LUCIE FL 34983TITLE ☐ DELETENAME
D
OGLE, MEGAN
STREET ADDRESS
144 SW EXEMORE ST
CITY-ST-ZIP
PORT ST LUCIE FL 34983TITLE ☐ DELETENAME
D
BRADFORD, JOYCELYN
STREET ADDRESS
112 NW CURTIS ST
CITY-ST-ZIP
PT ST LUCIE FL 34983TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ AdditionDERYCK NOE
367 MAJESTIC TERR.
PORT ST LUCIE, FL 349842.1 TITLE ☒ Change ☐ AdditionOSWALD FRASER
401 S.W. PRADO AVE
PORT ST LUCIE, FL 349833.1 TITLE ☒ Change ☐ AdditionALTHEA OGLE
932 RAVENSWOOD LANE
PORT ST LUCIE, FL 349834.1 TITLE ☒ Change ☐ AdditionROY SOLOMON
2052 BOTTONWOOD DR.
PORT ST LUCIE, FL 349825.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Oswald Fraser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 (measurer)

4-28-99

561-879-1986

Daytime Phone #

CR2E034 (1/98)