SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE \$275/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90036 049 \*\*\*150.00 07-27-1999 90002 011 \*\*\*150.00

7275815066

DOCUMENT # P98000052272				
•	GO, INC			
	,			
Principal Place of Business Mailing Address				
1995 WEST BAY DRIVE 1995 WEST BAY DRIVE			1	
LARGO FL 337	70	LARGO FL 33770		DO NOT WEITE IN THE SPACE
				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
		•		06/11/1998
2. Principal Pla	ace of Business	2a. Mailing Address		4. FELNumber Applied For
21		26		59-3523175 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
24	25	29	30	Intangible Personal Property. Yes X No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Name				
GAL	IYAS, TIMOTHY J	and the second second	N	Mothy J DAliyas
1995	WEST BAY DRIVE		Street Addi	ress (P.O. Box Number is Not Acceptable)
LAR	GO FL 33770	•	10 Del	HARRON ET
	•		840 City	95 Zin Code
		<u>.</u>		FL 1 34683.
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	Slori die, busi orbripted name of registered a	pent and title if applicable.	(NOTE: Registered Agent signature req	uired when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D.	DELETE	1.1 TITLE	on l
NAME	- Galiyas, Timothy J 1995 West Bay Drive		1.2 NAME	Annual Reporters (  I DID NOT ROCKURE ON  A FIRST ratice,  Please Advise Attacker on
STREET ADDRESS	LARGO FL 33770		1.3 STREET ADDRE	
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	I DID not receive on
NAME	GALIYAS, JACKLYN S		2.2 NAME	A T
STREET ADDRESS	1995 WEST BAY DRIVE		2.3 STREET ADDRE	These Notice,
CITY-ST-ZIP	LARGO FL 33770		2.4 CITY-ST-ZIP	Deser south
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NAME	•		3.2 NAME 3.3 STREET ADDR	<.00
CITY-ST-ZIP			3.4 CITY-ST-ZIP	2000
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CITY-ST-ZIP			4.4 CITY-ST-ZIP)	100
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NAME STREET ADDRESS			5.3 STREET ADD	webs 9 aram
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP,	.6 00010
TITLE	<u> </u>	DELETE	6.1 TITLE	tion
NAME	• •.		6.2 NAME	
STREET ADDRESS	~		6.3 STREET ADDRESS	_
CITY-ST-ZIP	dify that the information supplied w	ith this filing does not qualify fo	e the exemption stated in sec	tion 119.07(3)(i). Florida Statutes, I further certify that the information
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 of 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 additional report is a second or supplemental 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 additional report of the composition of the co				