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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S60570

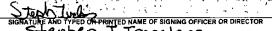
1. Corporation							
GULD C	ONCEPTS, INC.				t community and a community of the commu	A BROST BLOST BLOCK	RICH BIBIT 1881
Principal Place of Business Mailing Address					+ :	i dilli billi biqli	Ather practions
524 E SEMORAN BLVD 524 E SEMORAN BLVD							
CASSELBERRY FL 32707 CASSELBERRY FL 32707					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					06/14/1991	•	}
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	A	pplied For	
21					59-3068360	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
22		27					equired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23) Zip	Country		Country	······································	8. This corporation owes the current year		
24	25 29 30		o		Personal Property Tax.	Ves Yes	□No
	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
	AND AND ATTENDED		81	Name			
Tronolone, Stephen J 521 Hibiscus RD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	SELBERRY FL 32707		83				_
O/ (O	OPEDERATO I E OZ. O.						
			84 City		F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the purpose ion's board of directors? I hereby accept the app	of changing its	s registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth ions of, Section 607.0505, Florid	norized by la Statutes	the corporati	ion's board of directors. Thereby accept the app	omiment as re	egistered
SIGNATURE	· · · · · ·			_			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re		egistered Ager	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.			1.1 TITLE		ADDITIONS/CITANGES TO GITTOERG	☐ Change	Addition
NAME	TRONOLONE, STEPHEN J		1.2 NAME			_ •	_
STREET ADDRESS	521 HIBISCUS RD			T ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-S				
TITLE	0,1002221111112	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				1
STREET ADDRESS			2.3 STREET	TADDRESS			_
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE 3.11				☐ Change	☐ Addition
NAME			32 NAME	ļ			
STREET ADDRESS	act 70001CSS		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			[_] Onlinge	
NAME	1		4. 2 NAME				}
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP TITLE			4.4 CITY-S 5.1 TITLE	1-ZIP		☐ Change	Addition
NAME			52 NAME			_ •	İ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	EA		5.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 6.1		6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				·
STREET ADDRESS			6.3 STREE	T ADORESS			\

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.

6 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



407-339-4653