

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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94 JUL -6 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jan Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name <b>GOLD PLATED OF FL. INC.</b>	<b>DOCUMENT # V44873 (0)</b>
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Mailing Address <b>9 GATEWAY DRIVE COLLINSVILLE IL 32234</b>	Principal Place of Business <b>9 GATEWAY DRIVE COLLINSVILLE IL 32234</b>
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below		3. Date Incorporated or Qualified <b>06/17/1992</b>	3a. Date of Last Report <b>03/22/1993</b>
2. Mailing Address <b>21</b>	2a. Principal Place of Business <b>26</b>	4. FEI Number <b>65-0326493</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State <b>23</b>	City & State <b>28</b>	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**FEARS, GARY**  
**988 BLVD. OF THE ARTS**  
**UNIT 1912**  
**SARASOTA FL 34236**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>D/P</b>	12 NAME <b>FEARS, GARY</b>	11 TITLE	12 NAME
13 STREET ADDRESS <b>988 BLVD. OF THE ARTS</b>	14 CITY - ST - ZIP <b>SARASOTA FL</b>	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE <b>VP/D</b>	22 NAME <b>VICTOR FEARS</b>	21 TITLE	22 NAME
23 STREET ADDRESS <b>2022 HAWAII AVENUE N.E.</b>	24 CITY - ST - ZIP <b>ST. PETERSBURG FL</b>	23 STREET ADDRESS <b>6011 KIPPIS COLONY DRIVE EAST</b>	24 CITY - ST - ZIP <b>GULF PORT, FLORIDA 33707</b>
31 TITLE <b>S</b>	32 NAME <b>RYGIG NANCY</b>	31 TITLE	32 NAME
33 STREET ADDRESS <b>4 FRONTENAC</b>	34 CITY - ST - ZIP <b>COLLINSVILLE IL 62234</b>	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY - ST - ZIP	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY - ST - ZIP	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY - ST - ZIP	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I declare the Division of Corporations from any liability of non-compliance with Sections 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning ownership properly imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the trustee or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears as Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **6/30/94**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR