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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000001523 (7)

1. Corporation Name
GOUWS CAPITAL MANAGEMENT, INC.



Principal Place of Business

511 CONGRESS ST
PORTLAND ME 04101

Mailing Address

511 CONGRESS ST
PORTLAND ME 04101-3407

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

01-0396254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 filing, or will, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT	1.1 TITLE	Vice President + Secretary
NAME	GOUWS, JOHANN	1.2 NAME	Frank E. Kemna, Jr.
STREET ADDRESS	511 CONGRESS ST	1.3 STREET ADDRESS	511 Congress Street
CITY-STATE-ZIP	PORTLAND ME 04101	1.4 CITY-STATE-ZIP	Portland, Me. 04101
TITLE	DV	2.1 TITLE	
NAME	WHITE, PAUL	2.2 NAME	
STREET ADDRESS	511 CONGRESS ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTLAND ME 04101	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	
NAME	SIMPSON, JOHN	3.2 NAME	
STREET ADDRESS	511 CONGRESS ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTLAND ME 04101	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	
NAME	MARSTON, GREGG	4.2 NAME	
STREET ADDRESS	511 CONGRESS ST	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTLAND ME 04101	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	
NAME	GILBERT, CASS	5.2 NAME	
STREET ADDRESS	511 CONGRESS ST	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTLAND ME 04101	5.4 CITY-STATE-ZIP	
TITLE	V	6.1 TITLE	
NAME	LEPAGE, MICHEL	6.2 NAME	
STREET ADDRESS	511 CONGRESS ST	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PORTLAND ME 04101	6.4 CITY-STATE-ZIP	

14. I do 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 Part 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Frank E. Kemna, Jr.

Frank E. Kemna Jr. 3/18/97

207/775-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (9/96)