


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90021 049 ***150.00

05-05882

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001523

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/25/1996
21	26	4. FEI Number 01-0396254
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	
24	25	29
		30

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	GOUWS, JOHANN	
STREET ADDRESS	511 CONGRESS ST	
CITY-ST-ZIP	PORTLAND ME 04101	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, PAUL	
STREET ADDRESS	511 CONGRESS ST	
CITY-ST-ZIP	PORTLAND ME 04101	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIMPSON, JOHN	
STREET ADDRESS	511 CONGRESS ST	
CITY-ST-ZIP	PORTLAND ME 04101	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARSTON, GREGG	
STREET ADDRESS	511 CONGRESS ST	
CITY-ST-ZIP	PORTLAND ME 04101	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, CASS	
STREET ADDRESS	511 CONGRESS ST	
CITY-ST-ZIP	PORTLAND ME 04101	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEPAGE, MICHEL	
STREET ADDRESS	511 CONGRESS ST	
CITY-ST-ZIP	PORTLAND ME 04101	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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: *John M. Simpson* **REQUIRED** Date: 3.26.99 Daytime Phone #: 207-774-3333

CR2E034 (1/98)

275626-90021-49
F96000001523

Gouws Capital Management, Inc.
Document Number F96000001523

Line 12: Officers and Directors - Additions to List

DV

Richard E. Curran, Jr.
511 Congress Street, Suite 900
Portland, Maine 04101

DV

Frank E. Kemna, Jr.
511 Congress Street, Suite 900
Portland, Maine 04101

V

Joan M. Smith
511 Congress Street, Suite 900
Portland, Maine 04101

V

Jan F. MacLeod
511 Congress Street, Suite 900
Portland, Maine 04101
