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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400062873 (2)

GOODFRIEND ENTERPRISES, INC.

Principal Place 14255 HWY 1 SUITE 276 JUNEO BEACH		Mailing Address 14255 HWY 1 SUITE 276 JUNEO BEACH FL 33408-140	×		
US		US		08/22/1994	Date of Last Report 02/27/1996
2. Principal Pi 21 /386	lace of Business DRIVP	28. Mailing Address 26 / 386/ R(VO)	li Drive	4. FEI Number 52-1626219	Applied For Not Applicable
Suite. Apr. #, etc. Suite, Aprl. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 PAIM BEACH GARDENS FLZE PAIM BEACH GAL			edens FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 3 4 1 0 Country Zip Zip 3 3 4 1 0 30			Country	8. This corporation has fiability for intan	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registr	ered Agent
GO	ODFRIEND, ROBERT S		81 Name	Good friend, Robert	(0
1225 HWY #1 SUITE 276 JUNEO BEACH FL 33408			82 Street / 3 8	address (B.O. Box Number is Not Acceptable)	<u> </u>
301	IEO BEAUN EL 33400		B4 City	In Beach Gardens	FL 85 Zip Code 33410
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named	corporation submits this statement for the purpo	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 family with, and accept the obligations of, Section 607.0505, Florida Statutes.					
1	Tron	uniyor, section boyosos, mone	ua statutes.	- ∫ ر	107
SIGNATURE	Signature Typed or prainful name or registrated energy	no title if application (NOTE: F	Registered Agent signature	required when reinstating)	AT 7
12.	OFFICERS AND	<i></i>	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D PORTE PROCESS	Change Addition
NAME	GOODFRIEND, ROBERT S		1.2 NAME	EDODFRIEND, ROBERT S 13861 RIVOLI DR	•
STREET ADDRESS	14255 HWY 1, STE 276		1.3 STREET ADDRESS	13861 KIVVII UK	3 3 4 4 5
City-St-ZIP	JUNEO BEACH FL		14 CITY-ST-ZIP	PALM BEACH GARDENS FA	2 3 3 410
TITLE	PT	DELETE	21 TITLE	PT DOGE PORCOT C	Change Addition
NAME	GOODFRIEND, ROBERTS		2 2 NAME	GOODFRIEND, ROBERT 5	• '
STREET ADDRESS	14255 HWY 1, STE 276		2.3 STREET ADDRESS	13661 KIVO) I DR	F1 23/1/0
CITY - S1 - ZIP	JUNO BEACH FL		2. 4 City - St - Zip	1366 Rivoli DR PALM BEACH GARDEN	5 FL 3340
TITLE	8	DELETE	3.1 THILE	GOODFRIEND, ROBIN F.	Change Addition
NAME :	GOODFRIEND, ROBIN F.		3.2 NAME	GOODERIE DI TON	
STREET ADDRESS	14255 HWY 1, STE 276		3.3 STREET ADDRESS	13861 RIVOLI DR.	FL 33410
CITY-ST-ZIP	JUNO BEACH FL		3.4. CITY-ST-ZIP	PALM BEACH GARDEUS	
THILE		L DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - ZIP		FT 60 FT 1499
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZP		[] bricti	5.4 C(TY-ST-ZIP		Chappe Audition
TITLE	1	☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME	*	
STREET ADDRESS			6.3 STREET ADDRESS		

FILED

Jan 16 1997 8:00am

Secretary of State

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 Block 12 or Block 13 if changed, or on an attachment with an address. 561)6266905