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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000089952 (2)

1. Corporation Name
PLANET GOODSTUFF, INC.



Principal Place of Business

1181 SOUTH ROGER CIRCLE, SUITE 15
BOCA RATON FL 33487

Mailing Address

1181 SOUTH ROGER CIRCLE, SUITE 15,
BOCA RATON FL 33487-2725

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
09/06/1996

2. Principal Place of Business

21 131 NW 13 ST

2a. Mailing Address

26 131 N.W. 13 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DAY 36

27 DAY 36

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Zip

Country

Country

24 33432

29 33432

25 Palm Beach

30 Palm Beach

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
ALAN E. GREENFIELD
82 Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS ROAD
83 Suite 911
84 City
CORAL GABLES
85 Zip Code
FL 33134

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

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/97

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	GELB, STEVEN	
STREET ADDRESS	1181 SOUTH ROGER CIRCLE, SUITE 15	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GELB, LISA	
STREET ADDRESS	1181 SOUTH ROGER CIRCLE, SUITE 15	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDLAND, FRANK	
STREET ADDRESS	1181 SOUTH ROGER CIRCLE, SUITE 15	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDLAND, RACHELLE	
STREET ADDRESS	1181 SOUTH ROGER CIRCLE, SUITE 15	
CITY - ST - ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN SCHOENBERG	
1.3 STREET ADDRESS	131 N.W. 13 ST DAY 36	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
2.1 TITLE	VICE-PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD E. KATZ	
2.3 STREET ADDRESS	131 N.W. 13 ST. DAY 36	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
3.1 TITLE	SECRETARY-TREASURER+DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT S. GOLDBERG	
3.3 STREET ADDRESS	131 N.W. 13 ST. DAY 36	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97 561 417 2626

Date

Daytime Phone #

CR2E034 (9/96)