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 # 162697

I.J. GOODMAN INC.

NAME

STREET ADDRESS

SIGNATURE:

FILED
Jan 27 1997 8:00am
Secretary of State

Daytime Phone #

Principal Plac 3640 YACHT (SUITE 601 NORTH MIAM		Mailing Address 3640 YACHT CLUB DRIVE SUITE 601 NORTH MIAMI BEACH FL 33180-3570						
US		US				3. Date Incorporated or Qualified 08/21/1950	3a. Date of Last 01/23/1996	
2. Principal F 21	lace of Business	2a. Mailing A	ddress			4, FEI Number 04-2224864	 	Applied For lot Applicable
Suite, Apt 22	#, etc.	Suite Ap				5. Certificate of Status Desired		Additional Required
City & Stat	te	City & Sta	nte 			Election Campaign Financing Trust Fund Contribution		May Be i to Fees
Zip 24		Zip 29		Country 30			Yes X No	s. 199.032,
	9, Name and Address of Currer	it Registered Age	<u>nt</u>			10. Name and Address of New Re	platered Agent	
364	ODKIN,MORRIS 10 YACHT CLUB DRIVE			81 82	Name Street Ad	dress (P.O. Box Number is Not Acceptab	e)	
	ite 601 RTH Miami Beach FL 33180		-	83			 	
				84	City		FL 85 Zip	Code
office or agent. Fa	registered agent, or both, in the State orn familiar with, and accept the oblig	ations of, Sect-on 6	607.0505, Flo	rida Statutes	3.	ation's board of directors. I hereby acceptions are also because the directors of the second acception of the second accept	DATE	-
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
THLE	PSD OCCUPANT ONLY	L] DELETE	1,1 TITLE			L Change	Addition
NAME	GOODKIN, SYLVIA	M4		1.2 NAME				
STREET ADDRESS	3640 YACHT CLUB DRIVE, #6	וטא		1.3 STREET	ADDRESS			
C-TY-ST ZIP	NORTH MIAMI BEACH FL		1 05. 688	1.4 CITY - S	T-ZIP			
THLE	VTD GOODKIN, MORRIS	l] DELETE	2.1 TITLE			L Change	Addition
NAME	36640 YACHT CLUB DRIVE, #	E01		2.2 NAME				
STREET ADDRESS	NORTH MIAMI BEACH FL.	.001		2.3 STREET	ADDRESS			
C:TY - ST - ZIP	HOMITI MIRAMI DESCRITTE		DELETE	2. 4 CITY - S	ST - ZIP		Па	111111111
11[[[L	1 hereit	3.1 TITLE	1		Change	☐ Addition
NAME				3.2 NAME	1			
STREET ADDRESS				3.3 STREET	1			
CHY-ST-ZIP TITLE			DELETE	3.4. City - 5 4.1 Title	ST-ZIP		☐ Change	Addition
ļ		_	ן טנננונ		1		□ Criange	Addition
NAME PERSON ASSESSED				4. 2 NAME	.P.P.D.C.C.			
STREET ADDRESS				4.3 STREET	1			
C-TY - ST - ZiP			DELETE	4.4 CITY - S	T-ZiP		Cha	Adda:=
141(1)		L	י מרנדונ	5.1 TITLE			☐ Change	Addition
NAME Proper records				5.2 NAME			•	
STREET ADDRESS				5.3 STREET	1			
C TY - ST - ZiF			1 DELETE	5.4 CITY - S	T-ZIP		Change	Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 efficer 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 attact ment with an address.