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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**POCUMENT # 394815** 

(5)

FILED
Apr 09 1998 8:00am
Secretary of State

GOOSE	EN ENTERPRISES, INC.						
Principal Plac	e of Business	Mailing Address	**			ANI DIDIL BIBLI BIBL	ii <b>uir</b> ii juri
2 PRESTON CT WEAVERVILLE NC 28787 US US 2 PRESTON CT WEAVERVILLE NC 28787 US US			7		DO NOT WRITE IN TH	IS SBACE	
•		00			3. Date Incorporated or Qualified	3 SPACE	
					01/26/1972		
2. Principal P	lace of Business	2s. Mailing Address			4. FEI Number	I IAr	pplied For
21		26			59-1379613	<del></del>	ot Applicable
Suite, Apt.	W. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	8	City & State			6. Election Campaign Financing	<del></del>	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the o		
24	25	29	30		Personal Property Tax due June 30.		] No
	9. Name and Address of Curr	ent Registered Agent			<ol><li>Name and Address of New Registers</li></ol>	d Agent	
	SSEN, TODD			81 Name			
3813 CAUBRE BEND LANE #1702			ŀ	82 Street A	Address (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32792							
				83			
			ŀ	84 City	·	. 85 Zip	Code
				1 .	F		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statu te of Florida, Such change was	ites, the at	ove-named o	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing it	ts registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Stati	ites.	oration's board of directors. Thereby accept the a	ppointment as	registered
SIGNATURE	73	ISORNARD TOO	0 60	つひらひへ	ノ ダームフー	-48	
12.	Signature, typed or printed name of registered a	gent and title if applicable (NC ND DIRECTORS		Agent signature r	required when reinslating) DATE		
TITLE	ST	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR  Change	RS IN 12
NAME	GOOSEN, DOREEN	LJ beeck	1.1 III 1.2 NA			L_1 Creatige	Addition
STREET ADDRESS	2 PRESTON COURT			REET ADDRESS			
CITY-ST-ZIP	<b>WEAVERVILLE NC 28787</b>			Y-ST-ZIP			ļ
TITLE	PD	DELETE	2.1 101			Change	Addition
NAME	GOOSEN, CARL		2.2 NA			onungo	reaction
STREET ADDRESS	2 PRESTON COURT			REET ADDRESS			
CITY-ST-ZIP	<b>WEAVERVILLE NC 28787</b>		. I	TY-ST-ZIP			
TITLE		DELETE	3.1 TIT		- 1716 T T T T T T T T T T T T T T T T T T T	Change	☐ Addition
NAME			3.2 NA	ME		_	
STREET ADDRESS			3.3 STI	REET ADDRESS			
CITY-ST-21P				TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT			☐ Change	☐ Addition
NAME			4. 2 NA	ME .			ŀ
STREET ADDRESS			4.3 ST	IEET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		DELETE	5.1 TIT	.E		☐ Change	Addition
NAME			5.2 NA	VIE			
STREET ADDRESS			5.3 \$TF	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		☐ DELFTE	6.1 TIT	.ŧ		Change	Addition
NAME			6.2 NAI	νE			
STREET ADDRESS			6.3 STF	EET ADDRESS			
CITY-ST-ZIP		'al at ' 48'		Y-ST-ZIP			
THE INDICATE OF C	eritry that the information supplied.	with this filing does not qualify.	for the exer	notion stated	in Section 119.07(3)(i), Florida Statutes, I further	certify that the	information

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 roport 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:

1/3/98 828/645.748