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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Secretary of State

FILED

Mar 24 1997 8:00am

	MENT # J78684 GOODWIN ASSOCIATES,								
Principal Place of Business 303 & STONE &T. DELAND FL 32720 US		Mailing Address 303 S. STONE ST. DELAND FL 32720-5235 IIS	303 S. STONE ST.		T I INTERIO DITO 10001 PONDO PONDO 10011 DIAN BIDIL DIAN BIDIL BIDIL BIDIL BIDIL BIDIL BIDIL BIDIL BIDIL BIDIL				
					3. Date Incorporated or Qualified	1	nte of Last R	leport	7
2. Principal Plane of Business		2a. Mailing Address			06/19/1987 4. FEI Number	05/31/1996 Applied For			-
21	The second second	26			59-2815572		}	ot Applicable	4
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	9		Additional equired	1
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
7ip [24]	Country 25	Z(p	Zip Country 30			ility for intangible tax under s. 199.032, Yes No			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	lstered	Agent		
	ODWIN, MORRIS W.)'	Name	•				
	2 PRINCEWOOD DR. LAND FL 32724			-1	ddress (P.O. Box Number is Not Acceptable)				_
				83					1
			ļ.	City		FL	85 Zip (Code	1
11. Parsonit	to the provisions of Sections 607.050	02 and 607 1508, Flonda Statut	es, the ab-	ove-named cor	poration submits this statement for the pr	urpose o	changing it	is registered	$\frac{1}{2}$
office or agent La	registered agent, or both, in the State ani fain har with, and accept the oblig	eol Florida. Such change was a alions of, Section 607.0505, Fl	authorized orida Statu	by the corpora tes.	ition's board of directors. I hereby accep	t the app	ointment as	registered	
SIGNATURI									1
12.			E Registered	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIBECTOR	RS IN 12	16
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NAME	FLACK, MARY ELIZABETH		1.2 NAM	AE					
STREET ADDRESS	303 S. STONE ST		1,3 STR	EET ADDRESS					R2F034
CITY_S1-7/2	DELAND FL		1400	r · ST - ZiP					18
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STREET A STORESS			5.3 STR	EET ADURESS					
COTY - \$1 - ZIF		T br. 640		/-ST-ZIP					1
1016		☐ DELETE	611111)			Change	Addition	
NAME			6 2 NAN						
STREET ADORESS				EET ADDRESS (
011Y-\$1-76 14. Ldo here	de certily that the information supplies	d with this bing does not quali		(+\$T-ZIP	d in Section 119 07(3)(i) Florida Statutes	Lfurthe	r certify that	the	4

information indicates on this annual report or supplied with this tring does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicates 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.