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 #

J85023

(6)

GOODMAN PRE-SCHOOL, INC.

97 MAY - 1 PM 4: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	Mailing	Mailing Address				1 IZOLIFO BIOT IZIOL EFFIL TOTLO 11200 ILIS OFOLK DIDIL ZIZIL DIDIL DIDIL DIDIL DIDIL			
2403 W. THARPE ST. TALLAHASSEE FL 32303		2403 W. THARPE ST. TALLAHASSEE FL 32303-3305								
							3. Date Incorporated or Qualified 07/27/1987		ate of Last F	Report
2. Principal Pl	lace of Business	2a. Mail	ing Address				4. FEI Number		A	oplied For
21		26					59-2827256			ot Applicable
Suite Apt.		27	в, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	е	City	& State				6. Election Campaign Financing			May Be
23	Country	28	<u>.</u>				Trust Fund Contribution			to Fees
7φ 24	Country	Ζιρ 29		\vdash	untry	,	8. This corporation has liability for Florida Statutes	intangible] Yes [199.032,
[24]	9. Name and Address of Curre		Agent	30	Т		10. Name and Address of New Re			
60	ODMAN, JERRY R.				81	Name		3		
	2 FOXFORD CIR.				L					
	LAHASSEE FL 32308				82	Street Ac	ddress (P.O. Box Number is Not Acceptal	ole)		
I IAL	ACT MICOLE 1 & DECOU				83					
					<u> </u>	0:5:			"Tarl 7:"	0.4.
					84	City		FL	65 Zip	Code
SIGNATURE	Signaries typed or printed name of registerest a	agent and title if appli	Cable (NC	OTE Ragister	ed Age		ration's board of directors. I hereby acce quired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC			
TALE	COOPMAN ABIENED		DELETE	1.1 T			900002 -05/02	164	300	Appendion
NAMi	GOODMAN, ARLENE D. 3712 FOXFORD CIR.				AME		-05/02/	<u> </u>	11132	HUS Or oo
STREET ADDRESS	TALLAHASSEE FL 32308					ADDRESS	李本本主	55.UU	非宗宗第1	bb. UU
COLY - STZIF TULE	ST ST		DELETE	211		ST-ZIP			Change	Addition
NAME	GOODMAN, JERRY R		LJ Decerte	- 1	IAME	1			L. Ordrige	/\ddittott
STREET ADDRESS	3712 FOXFORD CIR.					ADDRESS				
CITY - S1 - 719	TALLAHASSEE FL 32308			- 1		ST-ZIP				
101.F			DELETE	3.1 1		31-211			Change	Addition
NAMÉ					IAME					
STREET ADDRESS				335	TREE	ADDRESS				
CHY+S1+7IP				3.4.	CITY-:	ST-ZIP				
THIF			DELETE	4.1 1					Change	Addition
NAME				4.2	NAME					
STHEFT ACCURESS				4.3 9	TAEET	ADDRESS				
City-St-Zir				440	<u>пу-</u> 8	ST - ZIP				
THE			DELETE	511	ITLE				Change	Addition
HAME				5.21	AME	1				
STREET ACIDRESS				5.3 5	TREET	ADDRESS	<u> </u>	4 3		
CHA 21-505				5.4 (ITY - S	57 - ZIP		av		
Mrt			DELETE	6.11	ITLE	Ţ	الري	100	Change	Addition Addition
NAME				6.21	IAME		6H	191		
STREET ADDRESS				6.3 \$	STREET	ADDRESS	716	i '		
10-13 - 51 - 71P				641	TITY - 9	ST - 71P				

14. It 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 appearance of the corporation of 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 12 or Block 13 if changed, or on an appearance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE