

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K76012** (9)
1. Corporation Name
GO 4 IT, INC.



Principal Place of Business
**10120 NW 71ST COURT
TAMARAC FL 33321**

Mailing Address
**10120 NW 71ST COURT
TAMARAC FL 33321**

2. Principal Place of Business 21 1216 South Dixie Hwy. Suite, Apt. #, etc. 22 Pompano Beach, F.L. 23 333060 24 Broward		2a. Mailing Address 26 3318 N.E. 16th. Place Suite, Apt. #, etc. 27 Fort Lauderdale, Fl. 28 33305 29 Broward		3. Date Incorporated or Qualified 03/28/1989		3a. Date of Last Report 05/01/1995	
				4. FEI Number 65-0596470 NOT APPLICABLE		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**VESTA, SHIRLEY
10120 NW 71ST COURT
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name **John A. Viesta Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
3318 N.E. 16th. Place
83
84 City **Fort Lauderdale,** FL 85 **33305**

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 **John A. Viesta Jr. President**

(Not a Registered Agent signature required when re-registering)

DATE **Feb. 8, 1996**

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input checked="" type="checkbox"/> DELETE
2. NAME	VESTA, SHIRLEY	
3. STREET ADDRESS	10120 NW 71ST COURT	
4. CITY - ST - ZIP	TAMARAC FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	John A. Viesta Jr.	
3. 3. STREET ADDRESS	3318 N.E. 16 th. Place	
4. 4. CITY - ST - ZIP	Fort Lauderdale, Fl. 33305	
5. 2. TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. 2. NAME	Joyce A. Viesta	
7. 3. STREET ADDRESS	3318 N.E. 16th. Place	
8. 4. CITY - ST - ZIP	Fort Lauderdale, Fl. 33305	
9. 3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 3. NAME		
11. 3. STREET ADDRESS		
12. 4. CITY - ST - ZIP		
13. 4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 4. NAME		
15. 4. STREET ADDRESS		
16. 4. CITY - ST - ZIP		
17. 5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 5. NAME		
19. 5. STREET ADDRESS		
20. 5. CITY - ST - ZIP		
21. 6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. 6. NAME		
23. 6. STREET ADDRESS		
24. 6. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Feb. 8, 1996 1-305-565-8493

Date

Daytime Phone #

CR2E034 (12/95)