

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M87026** (4)
1. Corporation Name
GODDARD HIU MAX ASSOCIATES, INC.



Principal Place of Business 7081 GRAND NATIONAL DR STE 107 ORLANDO FL 32819 US	Mailing Address 5417 BROOKLINE DR ORLANDO FL 32819-4012 US
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2. Principal Place of Business 21 3501 West Vine Street Suite, Apt. #, etc. 22 Suite 104B City & State 23 Kissimmee, Florida Zip 24 34741	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 06/27/1988	3a. Date of Last Report 04/05/1996
		4. FEI Number 59-2898620	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GODDARD, DOUGLAS 7081 GRAND NATIONAL DRIVE STE 107 ORLANDO FL 32819	10. Name and Address of New Registered Agent 81 Name DOUGLAS M. GODDARD 82 Street Address (P.O. Box Number is Not Acceptable) 3501 West Vine Street 83 Suite 104B 84 City Kissimmee FL 85 Zip Code 34741
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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 **DOUGLAS M. GODDARD** (NOTE: Registered Agent signature required when reinstating) DATE **3-31-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	GODDARD, DOUGLAS M.		
	5417 BROOKLINE DR	1.3 STREET ADDRESS	
	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 attachment with an address.

SIGNATURE: **DOUGLAS M. GODDARD, PRESIDENT** 3-31-97 407-876-4528
Date Daytime Phone: #

CR2E034 (9/96)