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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004750 (5)**

1. Corporation Name

MZ. GOOSE, INC. (SEE DORIS MC IN NEW FILING BEFO

Principal Place of Business

Mailing Address

**10203 S.W. 169 TERRACE
MIAMI FL 33157**

**10203 S.W. 169 TERRACE
MIAMI FL 33157**

3. Date Incorporated or Qualified

09/26/1994

4. FEI Number

65-0522787

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAGE, HELEN H
10203 S.W. 169 TERRACE
MIAMI FL 33157**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **SHIM, GEORGE**
STREET ADDRESS **10201 S.W. 169 TERR**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **GAGE, ALICIA**
1.3 STREET ADDRESS **10203 S.W. 169 TERR**
1.4 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **ST** ☐ DELETE
NAME **FORBES, FRACIS**
STREET ADDRESS **12257 S.W. 201 TERR**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PHIPPS, WILLIE MAE**
STREET ADDRESS **10555 N.W. 30 CT**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BROWN, ELAINE**
STREET ADDRESS **440 N.W. 122 ST**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **JAMES H. WALKER**
STREET ADDRESS **16115 S.W. 117 AVE STE 25**
CITY-ST-ZIP **MIAMI FL 33177**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **WRAY ABERCROMBIE**
5.3 STREET ADDRESS **16115 S.W. 117 AVE STE 25**
5.4 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **D** ☐ DELETE
NAME **CANTY, LEWIS**
STREET ADDRESS **11799 BALIES RD**
CITY-ST-ZIP **GOULDS FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Helen Gage

4/27/98

251-2458

CR2E037 (10/97)