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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004750**

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

531699 - 90118 - 17

Principal Place of Business	Mailing Address
10203 S.W. 169 TERRACE MIAMI FL 33157	10203 S.W. 169 TERRACE MIAMI FL 33157

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/26/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0522787 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Helen Gage 4/29/99
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	1.1 TITLE	PRESIDENT, CEO	☐ Change ☑ Addition
NAME	GAGE, ALICIA		1.2 NAME	GAGE, HELEN	
STREET ADDRESS	10203 SW 169 TERR		1.3 STREET ADDRESS	10203 S.W. 169 TERR	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	ST	☐ DELETE	2.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	FORBES, FRACIS		2.2 NAME	GAGE, ALICIA	
STREET ADDRESS	12257 S.W 201 TERR		2.3 STREET ADDRESS	10203 S.W. 169 TERR	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	☑ DELETE	3.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	PHIPPS, WILLIE MAE		3.2 NAME	SIMMS, JACQUELYN	
STREET ADDRESS	10555 N.W. 30 CT		3.3 STREET ADDRESS	16920 S.W. 107 Ct	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ELAINE		4. 2 NAME		
STREET ADDRESS	440 N.W. 122 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WRAY, ABERCROMBIE		5.2 NAME		
STREET ADDRESS	16115 SW 117 AVE STE 25		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CANTY, LEWIS		6.2 NAME		
STREET ADDRESS	11799 BALIES RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Helen Gage **SIGNATURE REQUIRED** 4/29/99 305 251-2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #