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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

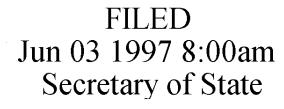
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27141

(1)

JOHN B. GOODMAN ENTERPRISES, INC.





l '		Mailing Address	_					
1712 HOPKINS CROSSROAD MINNETONKA MN 55306 US		1712 HOPKINS CROSSROAD MINNETONKA MN 55305 US						
				Date Incorporated or Qualified 12/05/1989				
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	•	Vt	pplied For
21 //07	Hazeltine Blud	26 1107 Haz	elline 1	Blud	41-1639067		No	ot Applicable
Suite, Apt.	-	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7		Additional
22 # 2		27 # 200						equired
City & Stat	t .	City & State	/		6. Election Campaign Financing			May Bo
23 (h a Zip	SKA, MN	28 Chaska,	Country		Trust Fund Contribution			to Fees
24 5 5 3		`	h- 3	·	8. This corporation has liability for in Florida Statutes	itangible tax ι l Yes - 🔀 Να		. 199 032,
333	9, Name and Address of Current	29 553/8 Registered Agent	[30] C C	cver	10. Name and Address of New Reg			
THE	PRENTICE-HALL CORPORATION	·-···	81	Name	To. The state of t	istored Agen		
	HAYS STREET	OTOTEM, INO.		ļ - <u>-</u> ,				
	E 105		82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)		
	AHASSEE FL 32301		83	<u> </u>				
				ļ				
			84	City		FL 85	Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abov	I e∙named c	corporation submits this statement for the pu		1 naina it	ts registered
office or r	egistered agent, or both, in the State or familiar with, and accept the obligation	of Horida. Such change was	authorized by	y the corpo	corporation submits this statement for the pu oration's board of directors. I hereby accept	the appointm	ient as	registered
_	Transac with and accept the orage	BIOLIS OF, OCCUPING BOY, 0300, T	ionoa Statole	S.				
SIGNATURE	Signature typed or printed name of registered agen	and title if appropable (NC)	11 Registered Ag	ont signature n	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOF	
TITLE	PVS	☐ DELETE	1.1 THUE		PVS		hange	Add tion
NAME	GOODMAN, JOHN B.		1.2 NAME	k	500d man, John B.			
STREET ADDRESS	1712 HOPKINS CROSSROAD		1.3 STREET	ADDRESS	300d man, John B. 1107 Hazeltine Blud, #200	,		
DITY-ST-ZIP	MINNETONKA MN		1.4 CITY - 9		choska, MN 55318			
TITLE	TD	☐ DELFTE	2.1 THLE		70	X	Change	Addition
NAME	GOODMAN, JOHN B.		2.2 NAME		Soodman, John 6.			
STREET ADDRESS	1712 HOPKINS CROASROAD		2.3 STREET	ADDRESS	Soodman, John B. 1107 Hazelline Blvd Hzoc			
CITY-ST-ZIP	MINNETONKA MN		2. 4 CITY-		Chaska, MN 55318			
TITLE		☐ DELETE	3.1 111cE		<u> </u>		hange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREET	ACIDRESS				
CITY-ST-ZIP			3.4. CITY-	E .				
TITLE		☐ DELE1E	4.1 TITLE				hange	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S					
TITLE		☐ DELETE	5.1 Tri LE				hange	Addition
NAME			5.2 NAME				-	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-SI-ZIP			5.4 CITY - S					
TIFLE		☐ DELETÉ	6171718				hange	Addition
NAME			G.2 NAME				-	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 City - S					
	by certify that the information supplied	with this filing does not qual			ited in Section 119.07(3)(i), Florida Statutes.	I further certi	fv that	the

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 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:

John B. Stoner

John BGoodman, President

(612)361-8000