


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

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P27141 (1)

1. Corporation Name
JOHN B. GOODMAN ENTERPRISES, INC.



Principal Place of Business 1712 HOPKINS CROSSROAD MINNETONKA MN 55305 US	Mailing Address 1712 HOPKINS CROSSROAD MINNETONKA MN 55305 US
---	---

3. Date Incorporated or Qualified 12/05/1989	3a. Date of Last Report 01/30/1996
4. FEI Number 41-1639067	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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1107 Hazeltine Blvd Suite, Apt. #, etc.	26 1107 Hazeltine Blvd Suite, Apt. #, etc.
22 # 200 City & State	27 # 200 City & State
23 Chaska, MN Zip Country	28 Chaska, MN Zip Country
24 55318 25 Carver	29 55318 30 Carver

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent's signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	GOODMAN, JOHN B.	
STREET ADDRESS	1712 HOPKINS CROSSROAD	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODMAN, JOHN B.	
STREET ADDRESS	1712 HOPKINS CROSSROAD	
CITY-ST-ZIP	MINNETONKA MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Goodman, John B.	
1.3 STREET ADDRESS	1107 Hazeltine Blvd, #200	
1.4 CITY-ST-ZIP	Chaska, MN 55318	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Goodman, John B.	
2.3 STREET ADDRESS	1107 Hazeltine Blvd #200	
2.4 CITY-ST-ZIP	Chaska, MN 55318	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: John B. Goodman **John B Goodman, President**
5/21/97 (612) 361-8000

CR2E034 (9/96)