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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085844 (7)

DONNA GOOLSBY, P.A.

Principal Place of Business

SIGNATURE:

18191 SOUTHWEST 90TH COURT 18191 SOUTHWEST 90TH COURT MIAMI FL 33157-5962 MIAMI FL 3. Date incorporated or Qualified 3a. Date of Last Report 12/13/1993 05/01/1996 2. Principal Prace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0463709 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zic Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GOOLSBY, DONNA 18191 SOUTHWEST 90TH COURT Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 83 Zip Code City 85 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. Size 14713 or printed hat in of registered agont and filte if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change 1.1 TITLE GOOLSBY, DONNA 1.2 NAME 18191 S.W. 90TH COURT 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33177** CHY ST 78 1.4 CITY-ST-ZIP THEF □ DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS. 2.3 STREET ADDRESS D13 - S1 - 20° 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TIPLE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP DELETE Change Addition TIDLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP OHY-ST-7P DELETE Change Addition THE 51 TITLE 52 NAME 5.3 STREET ADDRESS STREET AUDRESS CHY ST-201 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE THEF NAME 6.2 NAME STREET ADDRESS 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