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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. I hereby certify that the information supplied y indicated on this annual report or supplement

officer or director of the corpor Block 12 or Block 13 if change

or supplementation or the re



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000015870 (6) DOCUMENT #

1. Corporation Name

GOUTHIER DESIGN ASSOCIATES, INC.

Principal Place of Business Mailing Address P.O. BOX 840925 9491 PALM CIRCLE S HOLLYWOOD FL 33084 DO NOT WRITE IN THIS SPACE PEMBROKE PINES FL 33025 3. Date Incorporated or Qualified 03/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0476785 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zio Personal Property Tax due June 30. Yes 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GOUTHIER. JONATHAN** 9491 PALM CIRCLE S Street Address (P.O. Box Number is Not Acceptable) 83 PEMBROKE PINES FL 33025 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered rida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in Section 607.0505, Florida Statutes. 11, Pursuant to the provision stered aggr GOUTHIER SIGNATURE FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE GOUTHIER, JONATHAN J NAME 1.2 NAME 9491 PALM CIRCLE S. #307 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

1/2/98

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eviloper or truffed on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Jan 22 1998 8:00am

Secretary of State