

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000058589 (0)

1. Corporation Name

KATHY GOODMAN, INC.

Principal Place of Business

11245 W. ATLANTIC BLVD.  
CORAL SPRINGS FL 33071

Mailing Address

11245 W. ATLANTIC BLVD.  
CORAL SPRINGS FL 33071

until  
9/1/95

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/09/1994

2. Principal Place of Business

2a. Mailing Address

21 9757 North Springs Way

26 9757 North Springs Way

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 Coral Springs FL

28 Coral Springs FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33071

25 USA

29 33071

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, KATHY  
11245 W. ATLANTIC BLVD.  
CORAL SPRINGS FL 33071

#201

this address  
until 9/1/95

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 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

Kathy Goodman

(NOTE: Registered Agent signature required when reappointing)

DATE

7/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
GOODMAN, KATHY  
11245 W. ATLANTIC BLVD.  
CORAL SPRINGS FL 33071

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Kathy Goodman

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95

Date

305-474-2500

Telephone Number