SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058589 (0)												
KATHY GOODMAN, INC.												
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Principal Place of Business Mailing Address												
				Ť								
9757 N SPRINGS WAY CORAL SPRINGS FL 33071				9757 N SPRINGS WAY CORAL SPRINGS FL 33071								
US			US	US						IN THIS SP		
·								3. Date Incorporated or Qua	alitied	1	of Last R	eport
2. Principal Place of Business				2a. Mailing Address				08/09/1994 4. FEI Number		05/0	1/1996	plied For
21			<u> </u>	26				65-0516619			h	t Appl cable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desir	od.		\$8.75	
				27				5. Cermicate of Status Desir		· • • • • • • • • • • • • • • • • • • •	Fee Re	quired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
Zip	Country			Zip Country				Trust Fund Contribution			Added 1	
24	25 29			,	30	y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24		d Address of Currer		d Agent	00			10. Name and Address of N				
G(OODMAN, KAT	HY			81	T	Name		70			
11245 W. ATLANTIC BLVD.						+	Street Addre	ess (P.O. Box Number is Not Ac	ceptab	le)		
STE 201						L						
CORAL SPRINGS FL 33071					83							
					84	t	City				65 Zip (Code
The District to the provisions of Continue CO2 0/ 00 and CO2 1/ 00 Florida Clathers						L	named corne	oration submits this statement for	vr tha n	FL	hanging it	c registered
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 regidine 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 regident. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											registered	
		and accept the oblig	ations of, Se	ection 607.0505, Flo	orida Statute	S.						
SIGNATURE	Signature, typod or p	coled name of registered ago	ent and the if ap	plicable (NOT)	E Registered Age	enl	signature require	d when reinstaling)		DATE		
12.		OFFICERS AN	D DIRECTO		13.	_		ADDITIONS/CHANGES TO	OFFIC	ERS AND D		
TITLE	PSD			DELETE T	1,1 THTLE					L	_ Change	Addition
NAME GOODMAN, KATHY			a	North Sour	North Sovin							
STREET ADDRESS 14245 W. ATLANTIO BLVD. 9			7/2/	Wan								
CITY-ST-ZIP TITLE	CURAL SP	HINGS FL 330/1		DELETE	1.4 CHY-5 2.1 Table	<u>\$T~</u>	ZIP				Change	Acdition
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STREET ADDRESS	.]				5.3 STREET		DDRESS					
CITY-ST-ZIP					5.4 CITY - 9							
TITLE				DELETE	6.1 TITLE						Change	Addition
NAME					6.2 NAME							
STREET ADDRESS	.]				6.3 STREET	T AE	DDRESS					

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 if am an officer or director of the corporation or the receiver of 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 diagged, or on an affactment with an address.

FILED

Sep 05 1997 8:00am

Secretary of State