

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

FILED

May 02 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 # P94000061921 (0)

1. Corporation Name

GOOSEN INTERACTIVE, INC.

Principal Place of Business

Mailing Address

8418 CAMBAY AVE
ORLANDO FL 32817
US

8418 CAMBAY AVE
ORLANDO FL 32817-2307
US



3. Date Incorporated or Qualified
08/19/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3269337

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

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



Yes



No

2. Principal Place of Business

2a. Mailing Address

3813 Calibic Bend Lane

3813 Calibic Bend Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1702

1702

City & State

City & State

Winter Park FL

Winter Park FL

Zip

Zip

32792

32792

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOOSEN, BERNARD T
8418 CAMBAY AVE
ORLANDO FL 32817

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

3813 Calibic Bend Lane #1702

83

84

Winter Park

FL

85

32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PTD	GOOSEN, BERNARD T	8418 CAMBAY AVE	ORLANDO FL	<input type="checkbox"/>
VSD	GOOSEN, CHRISTINE M	8418 CAMBAY AVE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		3813 Calibic Bend Lane	Winter Park, FL 32792	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* ORIGINAL REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-97 407 679 7950

Date

Daytime Phone #

0001706

CP2E034 (9/96)