FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000022978 (7)

SO GOO	DD TOO, INC							
Principal Place of Business Mailing Address						8141 88 41 8 1/8 1	V 11V1V VIII	3 5 6 1 1 5 1 1 1 1 1 1 1 1
18162 JUPITER JUPITER FL 33		18162 JUPITER LANDII JUPITER FL 33458	18162 JUPITER LANDINGS DR JUPITER FL 33458					
					 Date Incorporated or Qualified 03/20/1995 	3a. Date	of Last Re	port
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		<u> </u>	pplied For
1		26			65-0566582			tot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00			
3		28			Trust Fund Contribution		7	to Fees
Zip	Country 25	7ip	Gountry 30	'	8. This corporation has liability for in Florida Statutes Yes		x under s	199.032,
<u></u>	9. Name and Address of Curre				10. Name and Address of New R	egistered /	Agent	
			81	Name				
DENNIS, DANIELLE L 18162 JUPITER LANDINGS DR			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
JUPITER :			83					
	· == - = • • • •		84	City			85 Zip	Code
			ļ		ration submits this statement for the pur	<u>FL</u>		
familiar with SIGNATURE	i, and accept the obligations of, Sec Ignature, typod or printed name of registered age	otion 607.0505, Florida Statute	S. Oit- Registered Age		and of directors. I hereby accept the appoint when reinstating! ADDITIONS/CHANGES TO OFFI	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/GRANGES TO OFFI	· · · · · ·	Change	Addition
TITLE	DENNIS, DANIELLE L		1.2 NAME	ĺ				LJ / tootton
NAME STREET ADDRESS	18162 JUPITER LANDINGS I	n p		T ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458	/	14 CITY -:					
TITLE	D	DELETE	2 1 1 I I L E				Change	Addition
NAME	DROUIN, RICHARD		2 2 NAME					
STREET ADDRESS	150 PINEVIEW RD		2.3 STREE	I ADORESS				
CITY-S1-ZIP	JUPITER FL 33469		2.4 CITY-	ST-ZIP			70	C Marie
TITLE		DELETE	3. 1 TITLE			L	Change	Addition Addition
NAME			3 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4 CITY - 4. 1 TITLE			r	1 Change	Addition
NAME			4.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			4.4 Ci1Y-					
TITLE		[] DELETE	5 1 TITLE			[Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	1 ADDRESS				
CITY-ST-ZIP			5.4 CHY-	S1 - 71P				F-1
TITLE		DELETE	6. 1 TITLÉ			[Change	Addition
NAME			6 2 NAME					
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			64 CITY-	\$1 - ZiP	for the accounting stated in Config. 440	07/2VIA F1	orido Ctatul	top I further
certify that		inua' report or supplemental ar noration or the receiver or trus'	inual report is ti lee empowered		for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, Fl			

SIGNATURE: SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

407-575-5868