

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000050318 (1)**

1. Corporation Name
JOSE P. GOULART, INC.



Principal Place of Business: **1447 BENWICK WAY CASSELBERRY FL 32707**
Mailing Address: **1447 BENWICK WAY CASSELBERRY FL 32707**

3. Date Incorporated or Qualified: **06/23/1995** 3a. Date of Last Report

4. FEI Number: **593335616** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**GOULART, JOSE P
1447 BENWICK WAY
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

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: *[Signature]* DATE: **4/18/96**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	JOSE P. GOULART
STREET ADDRESS	1447 BENWICK WAY
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE
NAME	JOSEFA A. GOULART
STREET ADDRESS	SAME
CITY-ST-ZIP	
TITLE	TRUSTEE <input type="checkbox"/> DELETE
NAME	JOSE P. GOULART
STREET ADDRESS	SAME
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT (P) <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE P. GOULART
1.3 STREET ADDRESS	1447 BENWICK WAY
1.4 CITY-ST-ZIP	CASSELBERRY FL 32707
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEFA A. GOULART
2.3 STREET ADDRESS	SAME
2.4 CITY-ST-ZIP	
3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSE P. GOULART
3.3 STREET ADDRESS	SAME
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	300001824163 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/16/96--01030--002
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 on an attachment with an address.

SIGNATURE: *[Signature]* **JOSE P. GOULART - PRESIDENT** DATE: **4/18/96** DAYTIME PHONE: **(407) 6993005**

CR2E034 (12/95)

[Handwritten initials]