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

Mailing Address

1447 BENWICK WAY

CASSELBERRY FL 32707-3904

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

06/23/1995

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000050318 (1)

JOSE P. GOULART, INC.

Principal Place of Business

1447 BENWICK WAY

CASSELBERRY FL 32707

SIGNATURE:

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3335616	Not Applicable	
Suite, Apt. 22 /251	* BELLE Ave.	Suite, Apt. #, etc. 27 Suite / US-/ 2 S.	S BELL	E Ave.	5. Certificate of Status Desired	38.75 Additional Fee Required	
City & State الانتراكا	ter Spas, FL	City & State 28 Wanter Spe	N, F	٠,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z <sub>[0]</sub>	Country	Zφ	Country	<u> </u>	8. This corporation has liability for intar	ngible tax under s. 199.032,	
4 3270	8 25 Jeninole	29 37708 3	o Jem	vidle.	Florida Statutes Ye		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
1447 BENWICK WAY CASSELBERRY FL 32707				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
			84	City		85 Zip Code	
				<u> </u>		<u> </u>	
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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Slip atunitype a calpramed hank, of registered agent			ent a gnature required		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
100.E	PT	L_] DELETE	1.1 DILE			Change Addition	
NAME	GOULART, JOSE P		1.2 NAME				
STREET ADDRESS	1447 BENWICK WAY		1.3 STREET	ADDRESS			
CITY - \$1 - ZIP	CASSELBERRY FL 32707		1.4 CITY-S	T-ZIP		·	
TiT,F	VP	DELETE	2.1 TITLE			Change Addition	
NAME	GOULART, JOSEPH	•	2.2 NAME				
STREET ADDRESS	1447 BENWICK WAY		2.3 STREET	ADDRESS			
CHY ST-70°	CASSELBERRY FL 32707		2 4 CITY-	ST-ZIP			
HI.E		☐ DELETE	31 TITLE			Change Addition	
NAM			32 NAME				
SURLET ADDRESS			3.3 STREET	ADDRESS			
CITY - S1 - ZIP			34. CITY-5	ST - ZIP			
bt.F		☐ DELETE	4.1 TITLE		······································	Change Addition	
HAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CHTY_ST-ZIP			4.4 CITY-S	T-ZIP			
HILE		☐ DELETE	5.1 TITLE			Change Addition	
NAMI			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - S1 - ZiP			5.4 CITY-\$	T-ZIP			
lid:E		☐ DELETE	6.1 TITLE			Change Addition	
NAMI			6.2 NAME				
SEMELT ADDRESS.			6.3:STREET	ADDRESS			
CRTY_ST-2IP			6.4 CITY-S				
					in Section 119.07(3)(i), Florida Statutes. I		
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.							