

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

**FILED**

**May 07 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 # P95000050318 (1)**

**1. Corporation Name  
JOSE P. GOULART, INC.**



**Principal Place of Business Mailing Address  
1447 BENWICK WAY CASSELBERRY FL 32707 1447 BENWICK WAY CASSELBERRY FL 32707-3804**

**3. Date Incorporated or Qualified 06/23/1995 3a. Date of Last Report 05/01/1996**

**2. Principal Place of Business 2a. Mailing Address**  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 1255 BELLE Ave. 27 Suite 105-1255 BELLE Ave.  
 23 City & State Winter Spgs, FL 28 City & State Winter Spgs, FL  
 24 Zip 32708 Country Seminole 29 Zip 32708 30 Country Seminole

**4. FEI Number 59-3335616 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**

**9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent**  
 GOULART, JOSE P 1447 BENWICK WAY CASSELBERRY FL 32707  
 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** (NOTE: Registered Agent's signature required when reinstating) **DATE**

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PT <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOULART, JOSE P                    | 1.2 NAME  |   |
| STREET ADDRESS             | 1447 BENWICK WAY                   | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | CASSELBERRY FL 32707               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VP <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOULART, JOSEPH                    | 2.2 NAME  |   |
| STREET ADDRESS             | 1447 BENWICK WAY                   | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | CASSELBERRY FL 32707               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 3.2 NAME  |   |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                    | 6.4 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 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: JOSE GOULARTED 4/29/97 (409) 699-3005**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)