

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P 95000057286**

1. Corporation Name

GOODMAN SPECIALIZED MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

1361 S. Ocean Blvd. Apt. #404
Pompano Beach, FL 33062

3. Date Incorporated or Qualified
July 24, 1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **1361 S. OCEAN BLVD.**

26 **1361 S. Ocean Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **404**

27 **404**

City & State

City & State

23 **POMPAÑO BEACH, FL**

28 **Pompano Beach, FL**

Zip

Country

Zip

Country

24 **33062**

25 **BROWARD**

29 **33062**

30 **BROWARD**

4. FEI Number

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

Leo Goodman
4737 N. Ocean Dr. #144
Fort Lauderdale, FL 33308

81 Name

Leo Goodman

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

1361 So. Ocean Blvd. #404

83

84 City

Pompano Beach

FL

85 Zip Code

33062

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

4/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Leo Goodman
1361 S. OCEAN BLVD. #404
POMPAÑO BEACH, FL 33062**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY
LEO GOODMAN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREASURER
LEO GOODMAN**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

President

4/28/96 (305) 785-0097

CR2E034 (12/95)