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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000026612 (7)**

GOOGINS MBA ENTERPRISES, INC.

appears in Block 12 or Block 13 if changed or on an attach

SIGNATURE:

Principal Place of Business Mailing Address 4315 SPRINGMOOR SEVEN 4315 SPRINGMOOR SEVEN JACKSONVILLE FL 32225-1849 JACKSONVILLE FL 32225 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1996 2. Principal Place of Business 4. FFI Number 2a. Mailing Address Applied For 59-3412870 26 Not Applicable 21 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Ziρ This corporation has liability for intangible tax under s. 199.032. Yes 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOOGINS, BYRON H 81 Name 4315 SPRINGMOOR SEVEN 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32225 83 City Zip Code 11. Pursuant to the previsions 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. Fair familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE typicator (and talance) beginning and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)Change Addition DELETE 11 THILE 10.6 GOOGINS, BYRON H 1.2 NAME NAME 4315 SPRINGMOOR SEVEN STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32225 DITY-ST-7 P 1.4 City - ST-ZIP DELETE Change Addition 1 [15 21 TITLE 2.2 NAME MALS STEEL ALFORESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP Offic ST DELETE Change Addition TOTAL 31 TITLE 32 NAME NAMI 3.3 STREET ADDRESS STHEFT ACCUREDS 3.4. CITY - ST - ZIP CIG+5" ZP DELFTE Change Addition TELF 4.1 TITLE 4, 2 NAME NAM? 4.3 STREET ADDRESS STREET ADERES. 4.4 CITY-ST-ZIP City St. 7th DELETE Change Addition THE 5.1 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CHY-ST-ZIP DELETE Addition TIT. F 61 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do he etry 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 and caterd 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 off per 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

ent with an address