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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000032893 (5)

FILED May 15 1997 8:00am Secretary of State

GOOD SAXE, INC. Principal Place of Business Mailing Address 285 OHIO AVENUE FT. MYERS BEACH FL 33931 Principal Place of Business Mailing Address FT. MYERS BEACH FL 33931-2828					100000000000000000000000000000000000000				
		,			Date Incorporated or Qualifie 04/15/1996	d 3a. Date	of Last Re	eport	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		IN An	plied For	
21	1 1000	26						t Applicable	
Suite, Ap	t #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional	
City & Sia 23	ale	City & State			Election Campaign Financing Trust Fund Contribution	, D	\$5.00 Added t		
Zφ	Country	Zip	Cou	intry	8. This corporation has liability				
24	25	29	30		Florida Statutes	Yes 🔽			
	*9. Name and Address of Cu				10. Name and Address of New	Registered Age	ent		
CO	RPORATION SERVICE COMPA	MY		81 Name					
	1 HAYS STREET		;	82 Street	Street Address (P.O. Box Number is Not Acceptable)				
	LAHASSEE FL 32301-2525			L.L					
				83					
				84 City			85 Zip (Code	
						<u> </u>			
office of	r registered agent, or both, in the S am familiar with, and accept the c	State of Florida. Such change was obligations of Section 607.0505.	authorize Sauthorize Florida Stat	pove-named d by the corp tutes.	corporation submits this statement for the poration's board of directors. I hereby ac	cept the appoin	itment as	registered	
office or agent 1 SIGNATURE	Signative, typed or printed name of register	State of Fiorida. Such change wa obligations of, Section 607 0505, ad agent and bile of applicable. (N	s authorize Florida Stat OTE Registere	d by the corp tutes.	poration's board of directors. I hereby ac	CEPT THE APPOIN	itment as		
office of agent 1 SIGNATURE 12.	Signative, typed or publied name of register OFFICERS	State of Fiorida. Such change wa obligations of, Section 607.0505, ed agent and title I applicable. (N S AND DIRECTORS	s authorize Florida Stat OTE Registere 13.	d by the corp tutes. d Agent signature	poration's board of directors. I hereby ac	DATE	IRECTOR	IS IN 12	
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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; the Lam 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25 1997 (94)

(941) 463-1811

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