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

Mailing Address

\$UITE 1709

780 PALM BAY LANE

MIAMI FL 33138-5752

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065464 (5)

GO SOUTH FLORIDA, INC.

Principal Place of Business

780 PALM BAY LANE

SUITE 1709

MIAMI FL 33138

2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name KAISER, FRANKLIN D 780 PALM BAY LANE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1709 MIAMI FL 33138** В3 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change KAISER, FRANKLIN D NAME 12 NAME 780 PALM BAY LANE, SUITE 1709 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33138** CITY - ST - ZIP 1.4 CITY-SY-ZIP ☐ DELETE ☐ Change Addition TITLE 21 TITLE **NOBLE, DOUGLAS** NAME 22 NAME 12800 S.W. 80TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33156 CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ___ Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY-SY-2IP ☐ DELÉTE ___ Addition 4.1 TITLE Change NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TULE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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.

FILED Feb 10 1997 8:00am Secretary of State

Date Incorporated or Qualified 08/06/1996	3a, Date of Last Report
4. FEI Number	Applied For
65-0684136	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

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Granhlin D. Kaison 2/3/97 3057548833

SIGNATURE: