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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000046392 (1)

GODSTUFF ENTERPRISES, INC.

FILED Jan 20 1998 8:00am Secretary of State

	TOTAL ENTERNATION TO			
Principal Plac	e of Business	Mailing Address		
4821 NW 15 ST		4821 NW 15 ST		
COCOMUT	CREEK FL 33063	COCONUT CREEK FL 33063		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				05/27/1997
2. Principal P	lace of Business	2a, Mailing Address		4, FEI Number Applied For
21		26		65-078639 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		Crty & State		Fee Required
23		28		6. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	10	Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
RHONDA HOLLANDER, P.A.			81 Name	Cteven Rowitt
1861 N FEDERAL HWY #191			82 Street A	ddress (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33020			949	1 NW IS ST
			83	inul Greek
			84 City	FL 85 3 506 3
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. Thereby accept the appointment as registered				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE STEVEN ROYXITT VILLE PREFIDENT 1/5/98				
SIGNATURE Signature, typed or printed name of registricid agent and title if applicable (NOTE: Registried Agent signature required				equired when reinstating) (Matt
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	DP	L. DELETE	1.1 THTLE	Change Addition
NAME	DOLJES, CHARLES		1.2 NAME	
STREET ADDRESS	4821 NW 15TH ST	_	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 3306	3 ☐ DELETE	1.4 CITY-ST-7IP 2.1 TITLE	Change Addition
TITLE NAME	DV DOWNT CTCVCN		2.1 IIILE 22 NAME	L.1 Change L Rounton
STREET ADDRESS	ROWITT, STEVEN 4821 NW 15 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 3306	र	2 4 CITY - ST - ZIP	
TITLE	COCONOT BRILLING E 5500	DELETE	31 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELFTE	5.1 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 C(1Y - S1 - Z)P	☐ Change ☐ Addition
TITLE NAME			6.1 TITLE 6.2 NAME	C'1 Change C Voormon
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
			6.4 CITY - ST - ZIP	
CITY-SI-ZIP			0.4 UII11317717	Lie Cooline 110 07/200 Floride Clatutes I further contifuthat the information

Thereby 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 suppliemental 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 occopration 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.

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