

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086029 (0)

1. Corporation Name

GONEMAD INC.

Principal Place of Business

Mailing Address

**3708 MIL-LAKE CIRCLE
LAKE WORTH FL 33463**

**3708 MIL-LAKE CIRCLE
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1519 14TH Ave N. Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH, FL Zip Country 24 33460 25 USA		2a. Mailing Address 26 1519 14TH Ave N Suite, Apt. #, etc. 27 City & State 28 LAKE WORTH, FL Zip Country 29 33460 30 USA	
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3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

65-0784998

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, GERALD PAUL	
STREET ADDRESS	3708 MIL-LAKE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DWYER, JASON C	
STREET ADDRESS	3708 MIL-LAKE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCINNIS, CRAIG THOMAS	
STREET ADDRESS	3708 MIL-LAKE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, CLIFF RICHARD	
STREET ADDRESS	3708 MIL-LAKE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, SCOTT ALLEN	
STREET ADDRESS	3708 MIL-LAKE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Cliff Powell* *Craig McInnis* *Jason Dwyer* *5/1/98* *561-582-1213*

CR2E034 (10/97)