07201999-90013-002-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90013 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024226

1. Corporation Name
GOAL LINE, INC.

Principal Place of Business	Mailing Address
123 COLOMBIA DR. CAPE CANAVERAL FL 32920	123 COLOMBIA DR. CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 COCOA BEACH
Suite, Apt. #, etc. 22 FL
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 632 MAGUIRE BLVD
Suite, Apt. #, etc. 27
City & State 28 ORLANDO FLORIDA
Zip 29 32803 Country 30 ORANGE

3. Date Incorporated or Qualified: 03/13/1998

4. FEI Number: [X] 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 the current year Intangible Personal Property. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
ROBINSON, KATHLEEN S
123 COLOMBIA DR.
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent
81 Name: JOSEPH VOSSIFON
82 Street Address (P.O. Box Number is Not Acceptable): 632 MAGUIRE BLVD
83
84 City: ORLANDO FLORIDA FL 85 Zip Code: 32803

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 _____ DATE 8/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	ROBINSON, KATHLEEN S	
STREET ADDRESS	123 COLOMBIA DR.	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	[ ] Change [ ] Addition
1.2 NAME	DEREK VOSSIFON	
1.3 STREET ADDRESS	632 MAGUIRE BLVD	
1.4 CITY-ST-ZIP	ORL FL 32803	
2.1 TITLE	P	[ ] Change [X] Addition
2.2 NAME	JOSEPH VOSSIFON	
2.3 STREET ADDRESS	632 MAGUIRE BLVD	
2.4 CITY-ST-ZIP	ORLANDO FL 32803	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: SIGNATURE REQUIRED 7/6/99 407-894-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #