


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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S18340</b> (7)					
1. Corporation Name <b>GOF, INC.</b>					
Principal Place of Business <b>385 COMMERCE WAY STE. 101 LONGWOOD FL 32750 US</b>			Mailing Address <b>385 COMMERCE WAY STE. 101 LONGWOOD FL 32750-7637 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/10/1990</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>59-3041136</b>	
23. Zip		28. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>LAVIGNE, JAMES R., ESQ. 5401 S. KIRKMAN ROAD SUITE 750 ORLANDO FL 32819</b>			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. Zip Code		
85. State			86. City		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME <b>KOOS, WILLIAM M, JR.</b>			1.2 NAME		
1.3 STREET ADDRESS <b>385 COMMERCE WAY #101</b>			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP <b>LONGWOOD FL</b>			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
2.2 NAME <b>KOOS, LARRY W.</b>			2.2 NAME <b>S</b>		
2.3 STREET ADDRESS <b>385 COMMERCE WAY #101</b>			2.3 STREET ADDRESS <b>Koos, Larry W.</b>		
2.4 CITY-ST-ZIP <b>LONGWOOD FL</b>			2.4 CITY-ST-ZIP <b>385 Commerce Way #101</b>		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME <b>FLUET, FRANK</b>			3.2 NAME <b>T</b>		
3.3 STREET ADDRESS <b>385 COMMERCE WAY #101</b>			3.3 STREET ADDRESS <b>Fluet, Frank</b>		
3.4 CITY-ST-ZIP <b>LONGWOOD FL</b>			3.4 CITY-ST-ZIP <b>385 Commerce Way #101</b>		
4.1 TITLE <input checked="" type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME <b>POYTHRESS, JACKIE</b>			4.2 NAME		
4.3 STREET ADDRESS <b>385 COMMERCE WAY #101</b>			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP <b>LONGWOOD FL</b>			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 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.					
SIGNATURE: <b>W. M. KOOS</b> <b>BE REQUIRED</b> <b>4/15/97</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)