

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:51

DOCUMENT # S81806 (9)

1. Corporation Name
GOJO MARKETING INC.

Principal Place of Business Mailing Address
11567 BUCKHAVEN LANE 11567 BUCKHAVEN LANE
PALM BEACH GARDENS FL 33412 PALM BEACH GARDENS FL 33412

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/20/1991** 3a. Date of Last Report **03/14/1994**

4. FEI Number **65-0286876** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **918 U.S. HIGHWAY ONE** 26 **918 U.S. HIGHWAY ONE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
LAKE PARK, FLA. **LAKE PARK, FLA.**
23 Zip Country 28 Zip Country
33403 USA **33403 USA**

9. Name and Address of Current Registered Agent

MORSE, TIMOTHY
11567 BUCKHAVEN LANE
PALM BEACH GARDENS FL 33412

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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Timothy G. Morse* **TIMOTHY G. MORSE** DATE **3/29/95**

Signature, type or print name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, TIMOTHY G.	1.2 NAME	
STREET ADDRESS	11567 BUCKHAVEN LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GDNS FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, TIMOTHY G.	2.2 NAME	
STREET ADDRESS	11567 BUCKHAVEN LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GDNS FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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; that I am the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE *Timothy G. Morse* **TIMOTHY G. MORSE** DATE **3/29/95** **407-563-4445**

Signature and type or print name of signing officer or director

Date

Telephone Number