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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S81806

(9)

GOJO MARKETING INC.

	H 01011 1001
LAKE PARK FL 33403 US 3. Date Incorporated or Qualified 09/20/1991 01/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
3. Date Incorporated or Qualified 09/20/1991 3a. Date of Last 09/20/1991 01/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 1	
2. Principal Place of Business 28. Mailing Address 4. FEI Number	
	Applied For
	lot Applicable
Cartificate of Status Decired	Additional Required
	May Be
23 Trust Fund Contribution Adde	to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under	s. 199.032,
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
MORSE, TIMOTHY 81 Name	
MUTOE, INVITATE AND	
PALM BEACH GARDENS FL 33412 82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL 85 Zi	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
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 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	s registered
SIGNATURE	
Signature, typed or printed name of registered agent and title diapplicable (NOTE Registered Agent a gnature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	00 111 40
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SIGNATURE

14. I do hereby certify that the information supplied w information indicated on this annual eport or supplied to a man officer or director of the corporation of the appears in Block 12 or Block 13 if changes, appears

MYPEO AMPRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/29/97

In the state of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the structure and annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is power or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name had address.

561-776-0083

Daytime Phone II

FILED

Feb 04 1997 8:00am

Secretary of State

3R2E034 (9/96