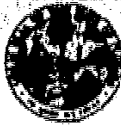


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L83550

(8)

1. Corporation Name

GOOD-LET INVESTMENTS, INC.

**APPROVED
AND
FILED**

95 MAY - 1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5820 NO FEDERAL HIGHWAY
STE B
BOCA RATON FL 33487

Mailing Address

5820 NO FEDERAL HIGHWAY
STE B
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1990

3a. Date of Last Report

01/20/1994

4. FEI Number

65-0202453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. This corporation has liability in accordance with tax under S. 193.032,
Florida Statutes. Yes ☒ No ☐

2. Principal Place of Business

21 1100 5TH AVE SO.

Suite, Apt. #, etc.

22 201

City & State

23 NAPLES, FL

Zip

24 33940

Country

25 U.S.

2a. Mailing Address

26 1100 5TH AVE. SO.

Suite, Apt. #, etc.

27 201

City & State

28 NAPLES, FL

Zip

29 33940

Country

30 U.S.

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PICKEL, GARY R.
STREET ADDRESS	5820 N. FED. HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	DT
NAME	JOHNSON, W. JOHN
STREET ADDRESS	5820 N. FED. HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	PERRONE, STEPHEN L
STREET ADDRESS	201 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	DURANGEAU, ROSEMARIE
STREET ADDRESS	5820 N FED HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	DT
NAME	WANKLYN, JOHN A.
STREET ADDRESS	1100 5TH AVE SQ # 201
CITY - ST - ZIP	NAPLES, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1100 5TH AVE SQ. #201
1.4 CITY - ST - ZIP	NAPLES, FL 33940
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	} delete
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	} delete
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE:

John A. Wanklyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-649-5445
Telephone #