

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

95 SEP 13 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750624 1. Corporation Name Good Fellowship Holding Co. INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 Dade County Police Assoc Bldg	26 C/O DON WALKER	3. Date Incorporated or Qualified 01/15/1980	
22 Suite, Apt. #, etc 10680 NW 25 STREET	27 Suite, Apt. #, etc 12021 SW 121 TERRACE	3a. Date of Last Report 02/01/1995	
23 City & State MIAMI FLA	28 City & State MIAMI FLA	4. FEI Number 57-2117675	
24 Zip 33172	25 Country DADE	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29 33184		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
30 DADE		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUHIG, JOHN H SUITE 702 CITY NATIONAL BANK BLDG 25 WEST FLAGLER STREET MIAMI FLA 33130-1770		81 Name DONALD WALKER	
		82 Street Address (P.O. Box Number is Not Acceptable) 12021 SW 121 TERRACE	
		83	
		84 City MIAMI	
		85 Zip Code FL 33184	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 obligation of, Section 617.0503, Florida Statutes.			
SIGNATURE <u>Don Walker</u> DATE _____ Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD COMBETO, HE. L ☒ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POMERANTZ, RICHARD J ☒ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUHIG, JOHN H ☒ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COOPER, CHARLES ☒ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>RANDOLPH P. BOYNTON</u> Dir. 8/4/96 305-275-7100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			

CR2E037 (3/96)