

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90005 046 \*\*\*150.00

DOCUMENT # G26054

1. Corporation Name  
DAWN GOOD, INC.

Principal Place of Business  
11260 N.W. 43RD STREET  
PO BOX 9477  
CORAL SPRINGS FL 33065

Mailing Address  
~~11260 N.W. 43RD STREET~~  
PO BOX 9477  
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1983

4. FEI Number

59-2260176

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

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 9477

26 P.O. Box 9477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 33075 25 Broward

28 Coral Springs FL 29 33075 30 Broward

9. Name and Address of Current Registered Agent

MURPHY, MARK B.  
11260 N.W. 43RD STREET  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

Mark B. Murphy

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

83 6910 N.W. 29th Ct.

84 City

Margate

FL

85 Zip Code

33063

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MURPHY, MARK B.  
STREET ADDRESS 11260 N.W. 43RD STREET  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Murphy, Mark B. ☒ Change ☐ Addition  
1.2 NAME 6910 N.W. 29th Ct.  
1.3 STREET ADDRESS Margate, FL. 33063  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
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  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 (95) 755-0496  
Date Daytime Phone #

CR2E034 (11/98)