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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J14293

(1)

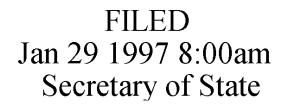
GOODBODY, INC.

Principal Place of Business

11985 US HWY 1

Mailing Address

11985 US HWY 1





JUNO FL 3340	8	JUNO FL 33408-2873							
					05/14/1986 01/30		te of Last 30/1996	e of Last Report 0/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2676126			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 24	Country 25	Zip 29	Cour 30	itry		8. This corporation has liability for it	ntangible Yes		s. 199.032,
	9. Name and Address of Current		1231			10. Name and Address of New Reg	gistered	Agent	
HOE	SIN, COLLEEN ANN		1	81	Name				
	7 S.W. WATERFALL BLVD. M CITY FL 34990		1	82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	 , , , ,	
1746	M 0111 12 04000		Ī	83					
				ŀ	City		FL		p Code
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	by	the corporati	oration submits this statement for the pion's board of directors. I hereby accept	urpose of it the app	changing ointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered agen	and tile Lappicable (NOI	It : Hegistered	Age	int signature requir	ed when reinstating)	DA1£		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	
TITLE	P	☐ DELETE	1.1 TITL	ŧ				Change	Addition
NAME	HOBIN, COLLEN ANN		1.2 NAM	ME					ļ
STREET ADDRESS	1767 SW WATERFALL BLVD.		1.3 STR	RET	ADDRESS				
CITY-ST-ZIP	PALM CITY FL		14 CIT		T- ZIP				
TITLE	ST LODIN CATHEDINE D	DELETE	21 1 111					☐ Change	Addition
NAME	HOBIN, CATHERINE B. 78 N. SEWALL'S PT RD.		22 NAM						
STREET ADDRESS	STUART FL				ADDRESS				
CITY-ST-ZIP TITLE	SIOARI FL	DELETE	2. 4 CH		ST- ZIP			Change	e
1		[] petric	3.1 7171					E Cliange	Auginon
NAME STOSST ADDRESS			3.2 NAM		4 h n n c c c				
STREET ADORESS					ADDRESS				j
CITY-ST-ZIP TITLE		DELETE	3.4 CIT 4.1 TITE	_	11-2119			Change	Addition
NAME		_	4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 GIT						
TITLE		DELETE	51 TITL		·			Change	Addition
NAME		_	5.2 NAM					_ •	_ "
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		☐ DELETE	6.1 TH			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			G.2 NAM	VΈ				·	
STREET ADDRESS			6.3 S1R	REET.	ADDRESS				
CITY-ST-ZIP			6.4 CIT						
44						11 6 // A 10 6=(0)(1) E1 // O			

aled in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that epoc as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report or supplemental annual report is true and acc t am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on a fall-annual with an additional supplementation of the corporation of the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on a fall-annual with an additional supplementation of the corporation of the corporati