

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J99779 (7)

1. Corporation Name

GOOD LIFE ASSOCIATES, INC.



Principal Place of Business

C/O MARILYN GOODMAN
8148 BRETON CIRCLE
FORT MYERS FL 33912

Mailing Address

C/O MARILYN GOODMAN
8148 BRETON CIRCLE
FORT MYERS FL 33912

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GOODMAN, MARILYN
8148 BRETON CIRCLE
FORT MYERS FL 33912

3. Date Incorporated or Qualified

11/02/1987

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0014424

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

GOODMAN, HY S.
8148 BRETON CIRCLE
FT. MYERS FL

☐ DELETE

1.1 TITLE

12 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

VSD

GOODMAN, MARILYN
8148 BRETON CIRCLE
FT. MYERS FL

☐ DELETE

2.1 TITLE

22 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

☐ DELETE

3.1 TITLE

32 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

☐ DELETE

4.1 TITLE

42 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

☐ DELETE

5.1 TITLE

52 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

☐ DELETE

6.1 TITLE

62 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)