


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 21 2502 SECOND STREET Suite, Apt. #, etc. 22 SUITE 201 City & State 23 ft. myers, FL Zip 24 33901					
2a. Mailing Address 25 2502 SECOND STREET Suite, Apt. #, etc. 27 SUITE 201 City & State 28 FT. MYERS, FLORIDA Zip 29 2 33901 Country 30 USA					
9. Name and Address of Current Registered Agent [GOODMAN, MARILYN 8148 BRETON CIRCLE FORT MYERS FL 33912					
10. Name and Address of New Registered Agent 81 Name GOODMAN, MARILYN 82 Street Address (P.O. Box Number is Not Acceptable) 2502 SECOND STREET SUITE 201 83 84 City FT. MYERS, FLORIDA FL 85 Zip Code 33916					
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 <i>Marilyn Goodman</i> MARILYN GOODMAN, PRESIDENT 1/22/98 (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS TITLE PTD NAME GOODMAN, HY S. STREET ADDRESS 8148 BRETON CIRCLE CITY - ST - ZIP FT. MYERS FL TITLE VSD NAME GOODMAN, MARILYN STREET ADDRESS 8148 BRETON CIRCLE CITY - ST - ZIP FT. MYERS FL TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1987	
4. FEI Number 65-0014424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE:

Marilyn Goodman

1/22/98

941-334-6300

CR2E034 (10/97)