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**Mar 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **M36716** (2)
1. Corporation Name
GOOD REASONS, INC.



Principal Place of Business: % ELLIOTT B. CARVER, 10117 W. OAKLAND PARK BLVD. #357, SUNRISE FL 33351
Mailing Address: % ELLIOTT B. CARVER, 10117 W. OAKLAND PARK BLVD. #357, SUNRISE FL 33351-6917

3. Date Incorporated or Qualified: **08/08/1986**
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **59-2717847**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CARVER, ELLIOTT B.
10117 W. OAKLAND PARK BLVD.
STE. #357
SUNRISE FL 33351**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Elliott B. Carver* (NOTE: Registered Agent signature required when reinstating) DATE: **3/14/97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CARVER, ELLIOTT B.	
STREET ADDRESS	4740 N. 33RD CT.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARVER, SHEILA	
STREET ADDRESS	4740 N. 33RD CT.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CARVER ELLIOTT B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2503 NOB HILL RD	
1.3 STREET ADDRESS	APT 210	
1.4 CITY - ST - ZIP	SUNRISE, FL 33322	
2.1 TITLE	CARVER, SHEILA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2503 NOB HILL RD.	
2.3 STREET ADDRESS	APT 210	
2.4 CITY - ST - ZIP	SUNRISE FL, 33322	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Elliott B. Carver* DATE: **3/14/97** DAYTIME PHONE: **9547497100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)