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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

N38717

(7)

GOOD SAMARITAN INN, INC.							
Principal Place of Business C/O J. PATRICK FITZGERALD ESOUIRE 110 MERRICK WAY, SUITE 2-C CORAL GABLES FL 33134		Mailing Address C/O J. PATRICK FITZGERALD ESQUIRE 110 MERRICK WAY. SUITE 2-C CORAL GABLES FL 33134			1884 3494 8 184 1	<u> </u>	
				3. Date Incorporated or Qualified	3a. Date of Last Report 03/03/1995		
		10- M-V Addison		06/20/1990 4. FEI Number		-, -, -	oplied For
2. Principal Plac	Biscayne Blvd.	2a. Mailing Address 26 9401 Bis	cayne Blvd.	65-0206714			ot Applicable
Suite, Apt. #,		Suite, Apt. #, etc	cayne Divav	5. Certificate of Status Desired		\$8.75	Additional equired
City & State		City & State		6. Election Campaign Financing			May Be
Miami	, FL 33138	28 Miami, F	L 33138	Trust Fund Contribution	<u> </u>	Added	to Fees
Z _I ρ 3313	Country 38 25 USA	Ζιρ 29 33138	Country USA	8. This corporation has liability for in Florida Statutes	ntangible tax u] Yes [] N		199.032,
1 3313	9. Name and Address of Current		1 - 1	10. Name and Address of New Re	egistered Ag	ent	
			81 Name				
FITZGERALD, J. PATRICK ESQUIRE 110 MERRICK WAY, SUITE 2-C CORAL GABLES FL 33134			82 Street Address (P.O. Box Number is		e)		
			83		· <u>.</u>		
CURAL	3ABLES PL 33134					ne Zio	Codo
			84 City		FL	85 Zip	Code
or registere	o the provisions of Sections 617.0502 and agent, or both, in the State of Florid and accept the obligations of, Sections	da. Such change was authorize on 617.0503, Florida Statutes.		, , ,,			
or registere familiar with SIGNATUREs	ed agent, or both, in the State of Florid	on 617.0503, Florida Statutes.	TE Registered Apost signature require		DATE		
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florid	on 617.0503, Florida Statutes.	11. Registered Apport signature require	(gridstating)	DATE ICERS AND F		RS IN 12
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Mrs. J3. 1996.
Daysing Phone #

Mud , Mud , SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR