

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N95000000005 (7)**  
1. Corporation Name  
**DOING GOOD, INC.**



Principal Place of Business: 2655 LEJEUNE ROAD, SUITE 1101, CORAL GABLES FL 33134  
Mailing Address: 2655 LEJEUNE ROAD, SUITE 1101, CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/03/1995  
3a. Date of Last Report: [blank]  
4. FEI Number: [blank]  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

2. Principal Place of Business: 21 [blank] Suite, Apt. #, etc. [blank]  
22 City & State: 23 [blank]  
24 Zip: 25 [blank] Country: 26 [blank]  
2a. Mailing Address: 26 [blank] Suite, Apt. #, etc. [blank]  
27 City & State: 28 [blank]  
29 Zip: 30 [blank] Country: 30 [blank]

9. Name and Address of Current Registered Agent  
**SEGAL, MARTIN E P.A.  
2655 LEJEUNE ROAD  
SUITE 1101  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name: [blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [blank]  
83 [blank]  
84 City: [blank] FL 85 Zip Code: [blank]

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [blank] (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEGAL, MARTIN E	
STREET ADDRESS	2655 LEJEUNE ROAD, #1101	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODIER, YOLANDE M	
STREET ADDRESS	2899 COLLINS AVENUE, #PH-K	
CITY-ST-ZIP	MIAMI BEACH FL 33146	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAPPOPORT, CORNELIA S	
STREET ADDRESS	10920 S.W. 116TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	[blank]	<input type="checkbox"/> DELETE
NAME	[blank]	
STREET ADDRESS	[blank]	
CITY-ST-ZIP	[blank]	
TITLE	[blank]	<input type="checkbox"/> DELETE
NAME	[blank]	
STREET ADDRESS	[blank]	
CITY-ST-ZIP	[blank]	
TITLE	[blank]	<input type="checkbox"/> DELETE
NAME	[blank]	
STREET ADDRESS	[blank]	
CITY-ST-ZIP	[blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	[blank]	
1.3 STREET ADDRESS	[blank]	
1.4 CITY-ST-ZIP	[blank]	
2.1 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[blank]	
2.3 STREET ADDRESS	[blank]	
2.4 CITY-ST-ZIP	[blank]	
3.1 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	[blank]	
3.3 STREET ADDRESS	[blank]	
3.4 CITY-ST-ZIP	[blank]	
4.1 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[blank]	
4.3 STREET ADDRESS	[blank]	
4.4 CITY-ST-ZIP	[blank]	
5.1 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[blank]	
5.3 STREET ADDRESS	[blank]	
5.4 CITY-ST-ZIP	[blank]	
6.1 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[blank]	
6.3 STREET ADDRESS	[blank]	
6.4 CITY-ST-ZIP	[blank]	

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

SIGNATURE: MARTIN E. SEGAL Date: 7/22/96 Daytime Phone #: (305) 534-8437

CF2E037 (3/96)