


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

**FILED**

**Jan 16 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 # P26036 (4)**  
1. Corporation Name  
**GOODNESS GARDENS INC.**



Principal Place of Business: JOURNEY'S END ROAD, CROTON-ON-HUDSON NY 10520  
Mailing Address: JOURNEY'S END ROAD, CROTON-ON-HUDSON NY 10520

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1989**

4. FEI Number: **13-3529257** 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 305 NORTH MIAMI BEACH FL 33162**

81 Name, 82 Street Address, 83, 84 City, 85 Zip Code: **FL**

10. Name and Address of New Registered Agent fields (81-85).

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, EDWARD J.	1.2 NAME	
STREET ADDRESS	JOURNEY'S END ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROTON-ON-HUDSON NY	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, BRIAN	2.2 NAME	
STREET ADDRESS	JOURNEY'S END ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CROTON-ON-HUDSON NY	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOTOLI-MURPHY, LORETTA	3.2 NAME	Vice-President
STREET ADDRESS	JOURNEY'S END ROAD	3.3 STREET ADDRESS	Journey's End Road
CITY-ST-ZIP	CROTON-ON-HUDSON NY	3.4 CITY-ST-ZIP	Croton-on-Hudson, NY 10520
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMMELSTEIN, LAURA	4.2 NAME	
STREET ADDRESS	JOURNEY'S END ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CROTON-ON-HUDSON NY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/6/98** (914) 271-2326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0534235

CR2E034 (10/97)