

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90048 030 ***150.00



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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **P26036**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **1250 Journey's End Road**

27 Suite, Apt. #, etc.

28 **Croton-on-Hudson, NY**

29 **10520** **30** **USA**

29 **10520** **30** **USA**

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 305
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **ROSENTHAL, EDWARD J.**
CITY-ST-ZIP **JOURNEY'S END ROAD**
CROTON-ON-HUDSON NY

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MURPHY, BRIAN**
CITY-ST-ZIP **JOURNEY'S END ROAD**
CROTON-ON-HUDSON NY

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **HENSHAW, DAVID**
CITY-ST-ZIP **JOURNEYS END RD**
CROTON ON HUDSON NY 10520

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **HIMMELSTEIN, LAURA**
CITY-ST-ZIP **JOURNEY'S END ROAD**
CROTON-ON-HUDSON NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1300 Journey's End Road**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1290 Journey's End Road**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1280 Journey's End Road**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **1350 Journey's End Road**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

(914) 271-2326
Daytime Phone #

CR3E034 (11/98)