FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000029118 (3)**

1. Corporation Name:
GOODIES AUTOS INC.

Principal Place of Business:
207 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33301

Mailing Address:
207 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: **04/13/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 207 N Federal Hwy
Suite, Apt. #, etc.
22
City & State
23 FT Lauderdale FL
Zip
24 33301
25 Country Broward

2a. Mailing Address
26 207 N Federal Highway
Suite, Apt. #, etc.
27
City & State
28 FT. Lauderdale, FL
Zip
29 33301
30 Country Broward

4. FEI Number: 65-0573054 ☐ 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

9. Name and Address of Current Registered Agent

PLUMMER, MARSHIA T
3550 N.W. 8TH AVENUE
#607
POMPANO FL 33064

10. Name and Address of New Registered Agent

81 Name: Michael A Crommett
82 Street Address (P.O. Box Number is Not Acceptable): 3550 NW 8th Avenue
83 #607
84 City: Pompano Beach FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 607.1502 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. Signature(s) required by the corporation's board of directors. I hereby, as (or the appointment as) registered agent, I am familiar with, and accept the obligations of, Section 607.1508, Florida Statutes.

SIGNATURE: Michael A Crommett 4-9-96
Signature of Director, Officer or Agent (See Instructions) — Typed or Printed Name of Person Signing — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	EMERY, STEVEN L	
STREET ADDRESS	1000 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	☑ DELETE
NAME	PLUMMER, MARSHIA T	
STREET ADDRESS	3550 N.W. 8TH AVE. #607	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	~~President~~	☐ DELETE
NAME	~~Emery, Steven L~~	
STREET ADDRESS	~~2406 Bimini Lane~~	
CITY-ST-ZIP	~~Ft. Lauderdale FL. 33312~~	
TITLE	~~Secretary/Treasurer~~	☐ DELETE
NAME	~~Plummer, Marshia T~~	
STREET ADDRESS	~~3550 N.W. 8th Ave #607~~	
CITY-ST-ZIP	~~Pompano Beach FL. 33064~~	
TITLE	~~Director~~	☐ DELETE
NAME	~~Michael A Crommett~~	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	~~Director~~	☐ DELETE
NAME	~~Crommett, Michael A.~~	
STREET ADDRESS	~~3550 NW 8 Ave #607~~	
CITY-ST-ZIP	~~Pompano Beach FL 33064~~	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☑ Change ☐ Addition
12 NAME	President Emery, Steven L	
13 STREET ADDRESS	2406 Bimini Lane	
14 CITY-ST-ZIP	Ft. Lauderdale FL 33312	
21 TITLE	S-T	☑ Change ☐ Addition
22 NAME	Secretary Treasurer Plummer, Marshia T	
23 STREET ADDRESS	3550 N.W. 8 Ave #607	
24 CITY-ST-ZIP	Pompano Beach FL 33064	
31 TITLE	D	☐ Change ☑ Addition
32 NAME	Director Crommett, Michael A.	
33 STREET ADDRESS	3550 NW 8 Ave #607	
34 CITY-ST-ZIP	Pompano Beach FL 33064	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Michael A Crommett 954-832-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #