

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 # P95000042104 (6)

1. Corporation Name

GOOD THINGS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

~~4215 SOUTHPOINT BLVD.~~
~~SUITE 100~~
~~JACKSONVILLE FL 32216~~

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
05/30/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 3249 Old Barn Rd W.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Ponte Vedra Beach, FL

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country
32082

29 Zip Country
30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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 officer 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P/T ☐ DELETE
NAME STEINBERG, ALAN
STREET ADDRESS 3249 OLD BARN ROAD W.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D/V/S ☐ DELETE
NAME RESNICK, IVAN
STREET ADDRESS 3249 OLD BARN ROAD W.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 93 South Timber Road
2.3 STREET ADDRESS Holland, PA 18966
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 90000181068
5.3 STREET ADDRESS -05/07/96--01026--028
5.4 CITY-ST-ZIP ***200.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Signature and typed or printed name of signing officer or director
Alan Steinberg

2/29/96

904-285-1942

Date

Daytime Phone #

CR2E034 (12/95)