

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 # P95000069582 (1)

1. Corporation Name

GOOD HOPE MANOR, INC.



Principal Place of Business

2251 NORTH WEST 29TH COURT  
OAKLAND PARK FL 33311

Mailing Address

2251 NORTH WEST 29TH COURT  
OAKLAND PARK FL 33311

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

SAMUEL, CHERIAN  
2251 NORTH WEST 29TH COURT  
OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent

81 Name

SAMUEL CHERIAN

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

2251 N.W. 29th CT.

83

OAKLAND PARK

84 City

FL

85 Zip Code

33311

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 firm (if applicable) (Print Name of Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

SAMUEL, CHERIAN

10220 SOUTH WEST 20TH STREET

DAVIE FL 33324

DELETE

NAME

STREET ADDRESS

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERIAN, SAMUEL

6/19/1996

Date

Daytime Phone #

954-677-2900

CR2E034 (12/95)