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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham >

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000041296 (0)

GOOD INTENTIONS HUNT CLUB, INC.

doo intentional	
Principal Place of Business	Mailing Address
9 NW 25TH ST	9 NW 25TH ST

FILED Jul 09 1997 8:00am Secretary of State

Principal Plac 9 NW 25TH S DELRAY BEAC	T	Mailing A 9 NW 25 DELRAY		4-4319				
						3. Date Incorporated or Qualified 05/01/1996	3a. Date of Le	st Report
	ace of Business	2a. Mailin	g Address		· · · · · · · · · · · · · · · · · · ·	L. A. EEL Number		Applied For
21		26	4 . 4 .			4005800-20		Not Applicable
Suite, Apt.		27	Apt. #, etc.			5. Certificate of Status Desired	1 1 ' -	75 Additional e Required
City & State	9	City &	State			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip	Country	Zip		Countr	у	8. This corporation has liability for	intangible tax und	er s. 199.032,
24	25	29		30		Florida Statutes	Yes No	
	g, Name and Address of Cur	rent Registered /	\gent			10. Name and Address of New Re	gistered Agent	
NIF	REI SCOTT			81	Name			
NIEBEL, SCOTT 9 NW 25TH ST		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)				
DEL	RAY BEACH FL 33444			83	;		<u></u>	
				84	City		FL 85	Zip Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Suc	th change was on 607.0505, Fi	authorized b orida Statute	y the corpor is.	orporation submits this statement for the pration's board of directors. I hereby acceptation's	ourpose of changi of the appointmen	ng its registered I as registered
	Signature, typed or printed name of registered		tile (NO		ent signature req	quired when reinstating)	DATE	
12.	·	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD		Dettie	1.1 TITLE			Cha	nge L Addition
NAME OTREST ARRESTS	NIEBEL, SCOTT			1.2 NAME	T ADDRESS			į
STREET ADDRESS	9 NW 25TH ST				T ADORESS			
CITY-ST-ZIP TITLE	DELRAY BEACH FL 33444		DELETE	1.4 CITY - 2.1 TITLE	S1- ZIP		Char	nge Addition
NAME				2.2 NAME			2.3 0.00	igo E.J /idailion
STREET ADDRESS				F	T ADDRESS			:
CITY-ST-ZIP				2. 4 City-				
TOLE			DELETE	3.1 TITLE		• ***	Cha	nge Addition
NAME			_ _	3.2 NAME				
STREET ADDRESS				1	T ADDRESS			
CITY-ST-ZIP				3.4. CITY -				
TITLE)		DELETE	4.1 7(1).6		٠٠٠ د د د د د د	Chai	nge 🔲 Addition
NAME				4. 2 NAME	•	20000223 -07/10/97010	ን ተተተ በፈረገ በ4015	
STREET ADDRESS				4.3 STREE	T ADDRESS	-01/10/31010	04012	
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	***165.00		ļ
TITLE			DELETE	5.1 TITLE		4 (2) (2) (3) (3)	Chal	nge 🔲 Addition
NAME .				5.2 NAME		10000223 -07/10/97010	ንግተግተ ሆ ች በለበኋላ	
STREET ADDRESS	•			5.3 STREE	T ADDRESS	ቀቀቀውውው ውህ ተፅፈላቸውለው (ተመሰመ	UTU14	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP	***385.00		
TITLE			☐ DELETE	6.1 TITLE			Cha	Addition
NAME				6.2 NAME			1	(w .97
STREET ADDRESS				63 STREE	Y ADDRESS		-	0.97
CITY-ST-ZIP				64 CITY-	ST-ZIP			* F*[/

14. I do 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; of an attachment with an address.