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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16 1998 8:00am Secretary of State

DOCUMENT # P9600041296 (0) GOOD INTENTIONS HUNT CLUB, INC.							
Principal Place of Business Mailing A		Mailing Address	g Address				FIN BARA FINA
9 NW 25TH ST		9 NW 25TH ST					
DELRAY BEACH FL 33444 DELRAY BEACH FL 3344		3444		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					05/01/1996		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ar	optied For	
21		26		65-0682604		ot Applicable	
Suite, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired		Additional	
City & Stato		City & State		a Stanta Council Standard		equired	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
	Country	Zip	Country		8. This corporation owes or has paid the cu		
24 25			30				Ňo
	Address of Current R	egistered Agent			10. Name and Address of New Registered	Agent	
NIEBEL, SCOTT			81	Name			
9 NW 25TH ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33444			83				
			63		·		
			84	City	FI	85 Zip	Code
11. Pursuant to the provisions of	of Sections 607 0502 a	nd 607,1508, Florida Sta	tutes, the above-	named coro	oration submits this statement for the purpose of	of changing it	ts registered
office or registered agent, o agent. I am familiar with, ar	or both, in the State of I ad accept the obligation	Horida Such change wants of, Section 607.0505,	s authorized by t Florida Statutes	lhe corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as	regištered
SIGNATURE	i anno a a i i anno a a chia	of the decree of the second second	VOTE Registered Agent	eionaturo roquiro	ed when reinstating) DATE		
12.	Signature typed or printed name of registroor agent and title it applicable (NOII OF FICERS AND DIRECTORS			Signal Sich Pagare	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE PSTD		DELETE	1.1 TITLE			Change	Addition
NAME NIEBEL, SCO	TTC		1.2 NAME				
STREET ADDRESS 9 NW 25TH	ESS 9 NW 25TH ST		1.3 STREET A	DDRESS			j.
	CH FL 33444		1.4 CITY - ST -	ZIP		T 1.00	1 1 1 1 1 1
TITLE		☐ DELETE	2.1 TITLE	1		Change	Addition
NAME			22 NAME				
STREET ADDRESS			2 3 STREET AL				
CITY-ST-ZIP TITLE		☐ DELETE	2 4 CITY-ST- 3 1 TITLE	- ZIF		Change	Addition
NAME			3.2 NAME	Ì		_ -	
STREET ADDRESS			3.3 STREET AL	DDRESS			ļ
CITY-ST-ZIP			3.4. CITY - ST	- ZiP			
TIFLE		DELFTE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	Ì			ĺ
STREET ADDRESS			4.3 STREET AL	DDRESS			
CITY-ST-ZIP		LIDUETE	4.4 CITY - ST-	ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE				AMORIOII
NAME STREET ADDRESS			6 2 MAME	ı		Contango	1
			5.2 NAME 5.3 STREET AS	NONESS		Change	
			5.3 STREET AL	- 1		Onlingo C	
CITY-ST-ZIP TITLE		DETETE	1	- 1	·	Change	Addition
CITY-SI-ZIP		☐ DELETE	5.3 STREET AT	- 1		·	Addition
CITY-S1-ZIP TITLE		☐ DELETE	5.3 STREET AF 5.4 CITY - ST- 6.1 TITLE	ZIP		·	Addition

14. Thereby 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 frustee empowered to execute the exemption 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:

5 coll)

3/9/98

561-789-0703