

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90107 044 ***150.00

DOCUMENT # P96000062547

1. Corporation Name

THE GOODENOW LAW FIRM, P.A.

Principal Place of Business

341 NE 104TH ST
MIAMI SHORES FL 33138

Mailing Address

341 NE 104TH ST
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 440 NE 94 ST

Suite, Apt. #, etc.

22 MIAMI SHORES FL

23 33138 USA

Zip Country

24 25

2a. Mailing Address

26 440 NE 94 ST

Suite, Apt. #, etc.

27 MIAMI SHORES FL

28 33138 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

GOODENOW, GARY L
341 NE 104TH ST
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name

GOODENOW, GARY L.

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

440 NE 94 ST

83

84 City

MIAMI SHORES

FL

85 Zip Code

33138

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

Gary L. Goodenow

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

D
NAME GOODENOW, GARY L
STREET ADDRESS 341 NE 104TH ST
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
NAME GOODENOW, GARY L.

1.2 NAME

1.3 STREET ADDRESS 440 NE 94 ST

1.4 CITY-ST-ZIP MIAMI SHORES FLA 33138

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary L. Goodenow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99

Daytime Phone #

305-757-0570

CR2E034 (11/98)