

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000066418 (0)

1. Corporation Name
GOOD SAMARITAN HOLDINGS CORP.

Principal Place of Business 507 SE 1 AVE WILLISTON FL 32696 US	Mailing Address PO BOX 1196 MT DORA FL 32757 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2725 ROBBIE AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 1196 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/06/1996	
22 City & State 23 MT. DORA FL		27 City & State 28 MT. DORA, FL		4. FEI Number APPLIED FOR 59-3429845	
24 Zip 32757		29 Zip 32756-1196		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MARTIN, AURORA 507 SE 1 AVE WILLISTON FL 32696				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
11. Pursuant to the provisions of Sections 607.0507 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

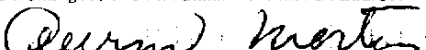
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANAGO, DANILO	1.2 NAME	
STREET ADDRESS	507 SE 1 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANAGO, LENY M	2.2 NAME	
STREET ADDRESS	507 SE 1 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANGELISTA, ISABELITA M	3.2 NAME	
STREET ADDRESS	507 SE 1 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ARTEMIO A	4.2 NAME	
STREET ADDRESS	507 SE 1 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, AURORA M	5.2 NAME	
STREET ADDRESS	507 SE 1 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANGELISTA, CARLOS R	6.2 NAME	
STREET ADDRESS	507 SE 1 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	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.

SIGNATURE:  AURORA MARTIN

2-13-98

352-383-6094

CR2E034 (10/97)