Apr 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066418

1. Corporation Name

GOOD SAMARITAN HOLDINGS CORP.

Principal Flace of Business		Mailing Address	Mailing Address						
2725 ROBIE AVE		P O BOX 1196							
MT DORA FL 3275		MT DORA FL 32756-1196				DO NOT I	WRITE IN THE	IS SPACE	
US		US			3 Date	Incorporated or Quali			
					I	06/1996			
2 Bringing D	Mace of Business	2a. Mailing Address			4. FEI N			I An	plied For
-	lace of business				I	3429845		— —	Applicable
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22	#, etc.	27			5. Certii	fcate of Status Desire	d 🗆	Fee Re	
City & Stat		City & State			6 Flect	ion Campaign Financ	ina	\$5.00	May Bo
23		28			I	Fund Contribution	a 🗆	Added t	
Zip	Country	Zip	Country			corporation owes the	current year It	ntangible	
24 32	157 ₂₅	29	30			o ial Property Tax.		☐ Yes	□No
24 3-1	9. Name and Address of Cui		1001			e and Address of Ne	w Registere	d Agent	
	<u> </u>		81	Name	ALMO	IIN, AUR	ηρΔ		
MAR	itin, aurora			<u> </u>	My				
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WILL	ISTON FL 32696		83	-					
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			84	City	MOUNT	DORA	Fil	85 32	アピラ
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44 5	4- 41	0500 and 607 1508 Florida Statu	tes the above	o-pamer		n to this statement for	the nurnose of	of changing its	registered
office or r	to the provisions of Sections 607.	ate of Florida. Such change was a	authorized by	the cor	d cornoration sub-	n ts this statement for f directors. I hereby a	the purpose occept the ap x	of changing its ointment as re	registered gistered
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14. I herely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TICE OR DIRECTOR

352-383-60 34