

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

FILED  
Jun 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067254 (7)

1. Corporation Name  
**GOOD LIFE OF AMERICA, INC.**



Principal Place of Business  
**2650 BISCAYNE BLVD.  
MIAMI FL 33137**

Mailing Address  
**2650 BISCAYNE BLVD.  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1700 WEST 45TH STREET</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5031 CUSHINGTON</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/04/1997</b>
22 City & State 23 <b>WEST PALM BEACH FL</b> 24 Zip <b>33407</b>		27 City & State 28 <b>WATERFORD MI</b> 29 Zip <b>48327</b>		4. FEI Number <b>65-0832184</b>
25 <b>PALM BEACH</b>		30 <b>OAKLAND</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132</b>		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City		85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>ROBERTS, JOHN T</b>	1.2 NAME	<b>ROBERTS, JOHN T.</b>
STREET ADDRESS	<b>7888 GRANADA PLACE #903</b>	1.3 STREET ADDRESS	<b>4344 BERMUDA SOUND WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON BEACH FL 33436</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>WOLLOK, SANFORD L</b>	2.2 NAME	<b>WOLLOK, SANFORD L.</b>
STREET ADDRESS	<b>7888 GRANADA PLACE #903</b>	2.3 STREET ADDRESS	<b>7888 GRANADA PLACE #903</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recorder 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 no address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)