

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

DOCUMENT # P97000107858 (7)
1. Corporation Name
GOOD NEIGHBOR HOMES, INC.

Principal Place of Business

20423 STATE RD. 7
SUITE 498
BOCA RATON FL 33498

Mailing Address

20423 STATE RD. 7
SUITE 498
BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number

65-0801737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DANTO, DANA
20423 STATE RD. 7
SUITE 498
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME

STP

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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****158.00 ****158.00

Change Addition

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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.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)

2

OVERNIGHT MAIL

August 6, 1998

Division of Corporations
Corporate Annual Report
Courier Address:
409 E. Gaines St.
Tall., Fl. 32399

Re: 1998 Corporate Annual Report
Good Neighbor Homes, Inc.
Document # P97000107858
EIN # 65-0801737

To Whom it May Concern,

Attached is my authorized Corporate Annual Report and fee in the amount of \$ 150.00 check # 1186.. I had an understanding with the accountant who set up my corporation to also handle the administration of the corporation, dues and any other related requirements due to a chronic migraine condition I have. Attached is a letter from my Physician documenting my condition. I am sure from previous correspondents with the Division of Corporations, that my file also reflects and confirms my situation.

I am very conscious about having my business related affairs handled timely. I was very upset when I called your office today and a representative of the Div. of Corps., Jo, confirmed that this was not taken care of. I have made other arrangements for reliable support to be available to assist me with pertinent follow up. My condition is one where I do not have the luxury of knowing hour to hour if I can function through the level of pain that is present. This is a condition that I diligently working on daily to reduce and manage the pain as best as possible. I am committed to living a life of fun and great health. However, I am still at a point to where my head pain does not always cooperate with my mental commitment.

I am requesting your compassion and understanding of this situation. I know it will be resolved soon. Please confirm that the information forwarded is acceptable. If you have any questions or require additional information please do not hesitate to contact me at: 954-481-8278.

Thank you in advance for your understanding and assistance.

Sincerely,



Dana Danlo