


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V25586 (1)</b>					
1. Corporation Name <b>GOOD LIFE MOTORS CORPORATION</b>					
Principal Place of Business <b>100 SOUTH PARK BLVD. SUITE 414 ST. AUGUSTINE FL 32086</b>			Mailing Address <b>100 SOUTH PARK BLVD. SUITE 414 ST. AUGUSTINE FL 32086</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country					
2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country					
3. Date Incorporated or Qualified <b>03/30/1992</b>					
4. FEI Number <b>65-0322473</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Name and Address of Current Registered Agent <b>TAYLOR, DAIL A 100 SOUTH PARK BLVD SUITE 414 ST. AUGUSTINE FL 32086</b>					
9. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>FORBES, HOWARD</b>					
1.3 STREET ADDRESS <b>531 LAKEWAY DRIVE</b>					
1.4 CITY-ST-ZIP <b>ST. AUGUSTINE FL 32084</b>					
2.1 TITLE <b>PTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <b>TAYLOR, DAIL A</b>					
2.3 STREET ADDRESS <b>200 SOUTH PARK BLVD, SUITE 414</b>					
2.4 CITY-ST-ZIP <b>ST. AUGUSTINE FL 32086</b>					
3.1 TITLE <b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <b>DEAYER, DANN</b>					
3.3 STREET ADDRESS <b>28149 KEHRIG DRIVE</b>					
3.4 CITY-ST-ZIP <b>CHESTERFIELD MI 33037</b>					
4.1 TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <b>OECHSLE, GOERGE</b>					
4.3 STREET ADDRESS <b>4 CENTRAL AVENUE</b>					
4.4 CITY-ST-ZIP <b>KENNY BUNK BEACH FL ME</b>					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)

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:

*Dail A Taylor PDES* 9/25/98 (004) 929-9075