

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 19, 1999 8:00 am Secretary of State

06-19-1999 90003 024 ***550.00

DOCUMENT # V.56023V Corporation Name: GOOD HEALTH BROKERAGE CO.

Principal Place of Business: 71607 KNOX BLVD SUITE 131 TAMARAC, FLORIDA 33321

26 Mailing Address: 7627 NW 87 AVE TAMARAC, FL 33321

3. Date Incorporated or Qualified: 8-7-92
4. FEI Number: 05-0466953
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 the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent: EDWARD LINKER 7627 NW 87 AVE TAMARAC, FL 33321

10. Name and Address of New Registered Agent: R/L/A

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.

OFFICERS AND DIRECTORS: PRESIDENT DAVID LINKER 7627 NW 87 AVE TAMARAC FL 33321; TREASURER SAUL ERDMAN 1360 S OCEAN BLVD POMPANO BEACH FL; VICE PRESIDENT EDWARD LINKER 7627 NW 87 AVE TAMARAC, FL 33321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. (Table with columns for Title, Name, Street Address, City-ST-ZIP and checkboxes for Change/Addition)

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, on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD LINKER D.P.

954-720-6200

CR2E034 (1/198)