

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 9:11**

**DOCUMENT # 277791 (0)**  
1. Corporation Name  
**GOODLAND, INC.**

Principal Place of Business      Mailing Address  
**P.O. BOX 240                                  P.O. BOX 240**  
**HALLANDALE FL 33008                      HALLANDALE FL 33008**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/23/1964                                      02/09/1994**

4. FEI Number      Applied For  
**59-1090152                                      Not Applicable**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent  
**SCHWIND GEORGE  
500 AUSTRALIAN AVENUE, S.  
SUITE 600  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81	Name
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CURCIE, NADINE</b>
STREET ADDRESS	<b>1918 HARRISON STREET, SUITE 114</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>S</b>
NAME	<b>MASHAMESH, PATSEY E</b>
STREET ADDRESS	<b>1918 HARRISON ST. #114</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>VPD</b>
NAME	<b>CURCIE, JOSEPH E</b>
STREET ADDRESS	<b>678 PALM COURT</b>
CITY - ST - ZIP	<b>GOODLAND FL</b>
TITLE	<b>TD</b>
NAME	<b>CURCIE, ROSE MARY</b>
STREET ADDRESS	<b>1970 SOUTH PARK ROAD</b>
CITY - ST - ZIP	<b>PEMBROKE PARK FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Secretary &amp; Director</b>
2.3 STREET ADDRESS	<b>Patsey E. MaShamesh</b>
2.4 CITY - ST - ZIP	<b>1918 Harrison St Suite #114 Hollywood, Florida 33020</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Director</b>
5.3 STREET ADDRESS	<b>Michael P. Rizzo</b>
5.4 CITY - ST - ZIP	<b>1093 S. W. 156 Terrace Pembroke Pines, Fla. 33027</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Nadine Curcie* - *President*      4/7/95      305-943-6484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)