

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 277791 (0)

1. Corporation Name
GOODLAND, INC.

Principal Place of Business P.O. BOX 248 HALLANDALE FL 33008	Mailing Address P.O. BOX 248 HALLANDALE FL 33008-0248
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2. Principal Place of Business	2a. Mailing Address
21 1918 Harrison Street	26
Suite, Apt. #, etc. 22 Suite # 114	27
City & State 23 Hollywood, Fla.	28
Zip 24 33020	Country 25 Broward
29	30

3. Date Incorporated or Qualified 01/23/1964	3a. Date of Last Report 03/06/1996
4. FEI Number 59-1090152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**SCHWIND GEORGE
 500 AUSTRALIAN AVENUE, S.
 SUITE 600
 WEST PALM BEACH FL 33401**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

10. Name and Address of New Registered Agent

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCIE, NADINE	1.2 NAME	
STREET ADDRESS	1918 HARRISON STREET #114	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHAMESH, PATSEY E	2.2 NAME	Mashamesh, Patsey E.
STREET ADDRESS	1918 HARRISON ST. #114	2.3 STREET ADDRESS	1918 Harrison Street #114
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Hollywood, Fla. 33020
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCIE, JOSEPH E	3.2 NAME	
STREET ADDRESS	876 PALM COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOODLAND FL	3.4 CITY-ST-ZIP	
TITLE	2VPD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCIE, ROSE MARY	4.2 NAME	Curcie, Rose Mary
STREET ADDRESS	1970 SOUTH PARK ROAD	4.3 STREET ADDRESS	1970 South Park Road
CITY-ST-ZIP	PEMBROKE PARK FL 33009	4.4 CITY-ST-ZIP	Penbroke Park, Fla. 33009
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, MICHAEL W.	5.2 NAME	Hill, Michael W.
STREET ADDRESS	2000 PGA BLVD #32300	5.3 STREET ADDRESS	900 E. Atlantic Ave #13
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	5.4 CITY-ST-ZIP	Delray Beach Fla. 33483
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLAND, CONNIE	6.2 NAME	
STREET ADDRESS	1326 LAKECREST DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORMAN OK 73071	6.4 CITY-ST-ZIP	

14. I do 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: *Nadine Curcie*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97 954-923-6484
 Date Daytime Phone #

CR2E034 (9/96)