

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1881 HARRISON ST. 114 HOLLYWOOD FL 33020 US	Mailing Address P.O. BOX 248 HALLANDALE FL 33008
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1964	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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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		86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHAMESH, PATSEY E	2.2 NAME	
STREET ADDRESS	1918 HARRISON ST. #114	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VPD	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	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCIE, ROSE MARY	4.2 NAME	
STREET ADDRESS	1970 SOUTH PARK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, MICHAEL W.	5.2 NAME	
STREET ADDRESS	900 E. ATLANTIC AVE., #13	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	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 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* 4-27-98 1-954-933-6484

CR2E034 (10/97)