

DOCUMENT # 277791

1. Entity Name

GOODLAND, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90044 017 ***150.00

Principal Place of Business: 1981 HARRISON ST. 114 HOLLYWOOD FL 33020 US
Mailing Address: P.O. BOX 248 HALLANDALE FL 33008-0248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number 59-1090152 Applied For Not Applicable

City & State

Zip Country Zip Country

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

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

7. Name and Address of New Registered Agent: Name, Street Address, City, FL, Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows of officer information including titles (PD, STD, VPD, D), names (CURCIE, NADINE; MASHAMESH, PATSEY E; CURCIE, JOSEPH E; CURCIE, ROSE MARY; HILL, MICHAEL W.; ENGLAND, CONNIE), and addresses.

Table with 6 rows for additions/changes to officers and directors, including checkboxes for Change and Addition.

13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath...

SIGNATURE: NADINE CURCIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Pres. (954) 923-6484
Daytime Phone #