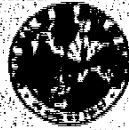


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:12**

DOCUMENT # 673751

(4)

1. Corporation Name

GOODLAND ISLES, INC.

Principal Place of Business

**1918 HARRISON ST STE 114 HOLLYWD. FL
BOX 248
HALLANDALE FL 33008**

Mailing Address

**1918 HARRISON ST STE 114 HOLLYWD. FL
BOX 248
HALLANDALE FL 33008**

DO NOT WRITE IN THIS SPACE.

3. Data Incorporated or Qualified

06/17/1980

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2782420

Applied For

☐ 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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24

25

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	CURCIE, NADINE
STREET ADDRESS	1918 HARRISON STREET, SUITE 114
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	VPD
NAME	CURCIE, JOSEPH E
STREET ADDRESS	876 PALM COURT
CITY - ST - ZIP	GOODLAND FL
TITLE	TD
NAME	CURCIE, ROSE MARY
STREET ADDRESS	1970 SOUTH PARK ROAD
CITY - ST - ZIP	PEMBROKE PARK FL
TITLE	D
NAME	BROWN, KENNETH
STREET ADDRESS	501 E LAS OLAS BLVD.
CITY - ST - ZIP	FT. LAUDERDALE FL
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	Secretary & Director	☐ Change ☒ Addition
1.2 NAME	Patsey E. MaShamesh	
1.3 STREET ADDRESS	1918 Harrison St Suite #114	
1.4 CITY - ST - ZIP	Hollywood, Florida 33020	
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	Michael P. Rizzo	
2.3 STREET ADDRESS	1093 S. W. 156th Terrace	
2.4 CITY - ST - ZIP	Pembroke Pines, Fla. 33027	☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Brown, Kenneth	
4.3 STREET ADDRESS	501 E. Las Olas Blvd.	
4.4 CITY - ST - ZIP	Ft. Lauderdale, Fla.	☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this report is true and correct and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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

President

4/7/95

305-943-6484

DATE

Daytime Phone #