

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified
06/17/1980

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CURCIE, NADINE
STREET ADDRESS 1918 HARRISON STREET, SUITE 114
CITY-ST-ZIP HOLLYWOOD FL

TITLE VPD ☐ DELETE

NAME CURCIE, JOSEPH E
STREET ADDRESS 676 PALM COURT
CITY-ST-ZIP GOODLAND FL

TITLE TD ☐ DELETE

NAME CURCIE, ROSE MARY
STREET ADDRESS 1970 SOUTH PARK ROAD
CITY-ST-ZIP PEMBROKE PARK FL

TITLE D ☒ DELETE

NAME BROWN, KENNETH
STREET ADDRESS 501 E. LAS OLAS BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD ☐ DELETE

NAME PATSEY E. MASHAMESH
STREET ADDRESS 1918 HARRISON STREET; SUITE 114
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ DELETE

NAME RIZZO, MICHAEL P
STREET ADDRESS 1093 SW 156TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 119.07(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-8-96

954-923-6484

Date

Daytime Phone #

CR2E034 (12/95)