

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

FILED

Apr 07 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 # 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 33008-0248
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2. Principal Place of Business 21 1918 Harrison Street Suite, Apt. #, etc. 22 Suite # 114 City & State 23 Hollywood, Fla. Zip Country 24 33020 25 Broward		2a. Mailing Address 26 P. O. Box 248 Suite, Apt. #, etc. 27 City & State 28 Hallandale, Fla. Zip Country 29 33008-0248 30 Broward		3. Date Incorporated or Qualified 06/17/1980	3a. Date of Last Report 03/05/1996
		4. FEI Number 59-2782420		Applied For 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			

9. Name and Address of Current Registered Agent SCHWIND GEORGE 500 AUSTRALIAN AVENUE, S 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 FL 85 Zip Code
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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, SUITE 114	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCIE, JOSEPH E	2.2 NAME	
STREET ADDRESS	676 PALM COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOODLAND FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURCIE, ROSE MARY	3.2 NAME	
STREET ADDRESS	1970 SOUTH PARK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PARK FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, MICHAEL W.	4.2 NAME	Director
STREET ADDRESS	2000 PGA BLVD, #3230	4.3 STREET ADDRESS	Hill, Michael W.
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	900 E. Atlantic ave #13
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATSEY E. MASHAMESH	5.2 NAME	Delray Beach, Fla., 33482
STREET ADDRESS	1918 HARRISON STREET, SUITE 114	5.3 STREET ADDRESS	STD
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	Patsey E. MaShamesh
TITLE		6.1 TITLE	1918 Harrison St. #114
NAME		6.2 NAME	Hollywood, Florida 33020
STREET ADDRESS		6.3 STREET ADDRESS	Director
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			Connie England
			1326 Lakecrest Drive
			Norman, Okla. 73071

14. I do hereby certify that the information supplied with this filing 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 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* 3-27-97 954-923-6484
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)