

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90002 035 ***150.00

DOCUMENT # 673751

1. Corporation Name
GOODLAND ISLES, INC.

Principal Place of Business
1918 HARRISON ST STE 114 HOLLYWD. FL
STE 114
HOLLYWOOD FL 33020
US

Mailing Address
PO BOX 248
HALLANDALE FL 33008-0248
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

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

TITLE D ☐ DELETE
NAME HILL, MICHAEL W.
STREET ADDRESS 900 E ATLANTIC AVE #13
CITY-ST-ZIP DELRAY BEACH FL

TITLE STD ☐ DELETE
NAME PATSEY E. MASHAMESH
STREET ADDRESS 1918 HARRISON STREET, SUITE 114
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE
NAME ENGLAND, CONNIE
STREET ADDRESS 1326 LAKECREST DR
CITY-ST-ZIP NORMAN OK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 24, 1999

954-923-6484
Daytime Phone #

0171234

CR2E034 (11/98)