

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 27 1996 8:00 am
Secretary of State

DOCUMENT # 700631 (5)
1. Corporation Name
GOODWILL INDUSTRIES OF SOUTH FLORIDA, INC.



Principal Place of Business: 2121 NW 21ST ST MIAMI FL 33142
Mailing Address: 2121 NW 21ST ST MIAMI FL 33142

3. Date Incorporated or Qualified: 12/16/1958
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-0866126
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. (22)
City & State (23)
Zip (24) Country (25)
City & State (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
PASTRANA, DENNIS
23401 SW 154 AVE.
HOMESTEAD FL 33032

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CARLTON, ROGER M MR.	
STREET ADDRESS	1700 CONVENTION CENTER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITHERS, WAYNE	
STREET ADDRESS	10890 NW 29 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HECTOR, ROBERT, C	
STREET ADDRESS	7830 ERWIN RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABESS, JAYNE HARRIS	
STREET ADDRESS	4950 PINE TREE DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PASTRANA, DENNIS	
STREET ADDRESS	23401 SW 154 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NOVAK, ALFRED J	
STREET ADDRESS	14201 NW 60 AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director HECTOR, ROBERT, C.
3.3 STREET ADDRESS	7830 ERWIN Road
3.4 CITY-ST-ZIP	Miami, Florida
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vice Chair ABESS, Jayne Harris
4.3 STREET ADDRESS	4950 Pine Tree Drive
4.4 CITY-ST-ZIP	Miami, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500001798155
6.3 STREET ADDRESS	-04/29/96--01033--004
6.4 CITY-ST-ZIP	***70.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis Pastana DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)