

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

000575

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/16/1958	
4. FEI Number 59-0866126	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE C	<input checked="" type="checkbox"/> DELETE
NAME CARLTON, ROGER M MR	
STREET ADDRESS 3708 CONVENTION CENTER DR	
CITY-ST-ZIP MIAMI FL	
TITLE R	<input checked="" type="checkbox"/> DELETE
NAME WITHERS, WAYNE	
STREET ADDRESS 10800 NW 20 ST	
CITY-ST-ZIP MIAMI FL	
TITLE R	<input checked="" type="checkbox"/> DELETE
NAME HECTOR, ROBERT	
STREET ADDRESS 7000 ERWIN RD	
CITY-ST-ZIP MIAMI FL	
TITLE C	<input checked="" type="checkbox"/> DELETE
NAME ABESS, JAYNE H	
STREET ADDRESS 25 W FLAGLER ST	
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 C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Jayne Harris Abess	
1.3 STREET ADDRESS City National Bank	
1.4 CITY-ST-ZIP 25 West Flagler Miami, FL	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Robert Bromberg	
2.3 STREET ADDRESS Republic National Bank of Miami	
2.4 CITY-ST-ZIP 10 NW 42 Street Miami, FL 33126	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Sue Cobb, Esq.	
3.3 STREET ADDRESS 2333 Ponce de Leon Blvd., Suite PH100	
3.4 CITY-ST-ZIP Miami, FL 33143	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Mike Burris	
4.3 STREET ADDRESS 8685 NW 53 Terrace	
4.4 CITY-ST-ZIP Miami, FL 33166	
5.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Dennis Pastrana	
5.3 STREET ADDRESS 23401 SW 154 Avenue	
5.4 CITY-ST-ZIP Homestead, FL	
6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Alfred J. Novak	
6.3 STREET ADDRESS 9375 SW 60 Avenue	
6.4 CITY-ST-ZIP Miami, FL 33156	

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 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 Pastrana* **DENNIS PASTRANA** **PRESIDENT** **7/13/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)