

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 701541 (5)

1. Corporation Name

~~WOODWARD BROTHER OF FLORIDA, INC.~~

Principal Place of Business

Mailing Address

726 NE 1ST AVENUE
P O BOX 1829
MIAMI FL 33132-1808

726 NE 1ST AVENUE
P O BOX 1829
MIAMI FL 33132-1808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1960

3a. Date of Last Report
07/31/1996

4. FEI Number

59-2005207

Applied For

Not Applicable

5. Certificate of Status Desired Yes

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, PAUL
726 NE 1ST AVENUE
MIAMI FL 33132

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

Paul Johnson

BRO. PAUL JOHNSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

TITLE ☐ DELETE

NAME KINSELLA, MARK
STREET ADDRESS 726 NE 1ST AVENUE
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☒ DELETE

NAME JOLICOEUR, LUC
STREET ADDRESS 726 NE 1ST AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME JOHNSON, PAUL
STREET ADDRESS 726 NE 1ST AVE
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME KINSELLA, WILLIAM
1.3 STREET ADDRESS 726 NE 1ST AVENUE
1.4 CITY-ST-ZIP MIAMI, FL 33132

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 PD JOHNSON, PAUL
3.3 STREET ADDRESS 726 NE 1ST AVENUE
3.4 CITY-ST-ZIP MIAMI, FL 33132

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SD MIESZALA, RAPHAEL
4.3 STREET ADDRESS 726 NE 1ST AVENUE
4.4 CITY-ST-ZIP MIAMI, FL 33132

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

700002284277
-09/04/97--01004--001
***280.00

I do 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 *Paul Johnson* BROTHER PAUL JOHNSON (305) 374-1065

FILED
97 SEP 11 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)