


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 704057 (9)
1. Corporation Name
WOODCREST ARMS INC



Principal Place of Business: 2500 SAMPLE ROAD LIGHTHOUSE POINT FL 33064
Mailing Address: 2500 SAMPLE ROAD LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified: 05/18/1962
4. FEI Number: 59-1035492
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent
MULLER, ROBERT F
2500 SAMPLE RD
UNIT 2
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent
81 Name: RICHARDSON, THOMAS W.
82 Street Address (P.O. Box Number is Not Acceptable): 2500 E. SAMPLE RD.
83: UNIT 10
84 City: LIGHTHOUSE POINT, FL 85 Zip Code: 33064

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: Thomas W. Richardson DATE: 3/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	JENKINS, CLAUDIA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD
STREET ADDRESS: 2500 SAMPLE RD 8	LIGHTHOUSE PT, FL 00000		1.2 NAME: FRISKY, JUDY
CITY-ST-ZIP: LIGHTHOUSE PT, FL 00000			1.3 STREET ADDRESS: 2500 E. SAMPLE RD. #9
TITLE: TD	MULLER, ROBERT F	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: LIGHTHOUSE POINT, FL 33064
STREET ADDRESS: 2500 SAMPLE RD. 2	LIGHTHOUSE PT, FL 00000		2.1 TITLE: TSD
CITY-ST-ZIP: LIGHTHOUSE PT, FL 00000			2.2 NAME: RICHARDSON, THOMAS
TITLE: VDS	ALLEN, SUE	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS: 2500 E. SAMPLE RD. #10
STREET ADDRESS: 2500 SAMPLE RD 7	LIGHTHOUSE PT, FL 00000		2.4 CITY-ST-ZIP: LIGHTHOUSE POINT, FL 33064
CITY-ST-ZIP: LIGHTHOUSE PT, FL 00000			3.1 TITLE: VDD
TITLE: D	CIPOLLA, DOMINIC	<input type="checkbox"/> DELETE	3.2 NAME: FURST, CAROLYN
STREET ADDRESS: 2500 SAMPLE ROAD 4	LIGHTHOUSE POINT FL		3.3 STREET ADDRESS: 2500 E. SAMPLE RD. #1
CITY-ST-ZIP: LIGHTHOUSE POINT FL			3.4 CITY-ST-ZIP: LIGHTHOUSE POINT, FL 33064
TITLE: [] DELETE			4.1 TITLE: [] Change [] Addition
NAME: [] DELETE			4.2 NAME: [] Change [] Addition
STREET ADDRESS: [] DELETE			4.3 STREET ADDRESS: [] Change [] Addition
CITY-ST-ZIP: [] DELETE			4.4 CITY-ST-ZIP: [] Change [] Addition
TITLE: [] DELETE			5.1 TITLE: [] Change [] Addition
NAME: [] DELETE			5.2 NAME: [] Change [] Addition
STREET ADDRESS: [] DELETE			5.3 STREET ADDRESS: [] Change [] Addition
CITY-ST-ZIP: [] DELETE			5.4 CITY-ST-ZIP: [] Change [] Addition
TITLE: [] DELETE			6.1 TITLE: [] Change [] Addition
NAME: [] DELETE			6.2 NAME: [] Change [] Addition
STREET ADDRESS: [] DELETE			6.3 STREET ADDRESS: [] Change [] Addition
CITY-ST-ZIP: [] DELETE			6.4 CITY-ST-ZIP: [] Change [] Addition

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 on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: Thomas W. Richardson THOMAS W. RICHARDSON 3/9/98

CR2E037 (10/97)