FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	100 M	•	ecretary of State N OF CORPORATIONS			
DOCUN 1. Corporation		F90992	(1)	-		
	.WOOD TRAVE	EL, INC.		-	1 100 1100 1100 10011 DOI10 10110 DO	DIJA JUDU RUBUK ANTAL ANDIK AK	AM BIAIN DIDEL IARI
Principal Piace	of Rusiness		Mailing Address				
2301 DEL PR			2301 DEL PRADO) RIVD			
SUITE 670 S	Suite 110		SUITE 878 SUIT	TE 110			
CAPE CORAI	L FL 33990		CAPE CORAL FL	33990	3. Date Incorporated or Qualified 07/16/1982	3a. Date of Last 04/10/1	
2. Principal Pla	ce of Business	þ	2a. Mailing Address		4. FET Number 59-2209285		Applied For Not Applicable
Suite, Apt. #	, etc. Suite		Suite, Apt. #, etc	C. 110	5. Certificate of Status Desired	* · · · · · · · · · · · · · · · · · · ·	5 Additional
City & State			City & State	ure no	6. Election Campaign Financing		Required May Be
23		2	28		Trust Fund Contribution		ed to Fees
Z _I p	⊢	untry	- Zφ	Country	8. This corporation has liability for Florida Statutes X Yes		s 199.032,
24	9. Name and Ac	2 Idress of Current Re	29 egistered Agent	[30]	Florida Statutes Yes 10. Name and Address of New I		
				81 Name			
•	Deborah L.			82 Street Add	dress (P.O. Box Number is Not Accepta	uble) 🔷 🕠	
	L PRADO BLVD.	# 670		3301	dress (P.O. Box Number is Not Accepta	i. Suite I	10
CAPE C	ORAL FL 33990			83			
				84 City		E 85 2	Zip Code
11. Pursuant to	the provisions of S	ections 607 0502 and	i 607 1508 Florida St	lli	evertion entimite this statement for the ru	FL	
or registere	ed agent, or both, in	the State of Florida. S	Such change was auth	tabiles, the above named corporation's boa	oration submits this statement for the po ard of directors. Thereby accept the app	urpose of changing its	registered office
or registere familiar With	ed agent, or both, in	iections 607.0502 and the State of Florida. S bligations of Section 6	Buch change was auti 187_0505, Florida Stat	tables, the above named corporation's boatutes.	oration submits this statement for the pe and of directors. Thereby accept the app	urpose of changing its	registered office
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certing that the information included on this million report or supportmental annual report is true and accurate and that my signature shall have the same legal effect as it made undo oath; that I am an officer or director of the corporation or the receiver or trustee repowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 17 physiged, or on an attachment with an address.

SIGNATURE:

Lessan Vernon J. Iverson 3-19-96 941-514-2535