


FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90105 022 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004551**

1. Corporation Name  
**SHADOWOOD II, INC.**

Principal Place of Business 464 SW FOURTH AVE FT LAUDERDALE FL 33315	Mailing Address 307 SW 5TH STREET FT LAUDERDALE FL 33315 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/15/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0519468
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	25 Country	29 Zip
	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**TRANTALIS, DEAN J**  
**9724 2 SAMPLE RD**  
**CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name **RICHARD COLBERT**

82 Street Address (P.O. Box Number is Not Acceptable)  
**307 SW 5TH STREET**

83

84 City **FOOT LAUDERDALE FL** 85 Zip Code **33315**

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 *Richard Colbert* DATE **1/27/99**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PFEIFFER, DAVID</b>
STREET ADDRESS	<b>3262 N W 22 AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KARL HARRING</b>
STREET ADDRESS	<b>497 NW 47TH ST</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>DPT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COCUZZA, PETER</b>
STREET ADDRESS	<b>2840 S OAKLAND FOREST DR UNIT 2403</b>
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DR GARY MOREY</b>
STREET ADDRESS	<b>1356 SE 12TH WAY</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>PIERSALL, BARBARA</b>
STREET ADDRESS	<b>4300 SW 4 ST</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MARY O DONNELL</b>
STREET ADDRESS	<b>200 NE 19 CT #M105</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PFEIFFER, DAVID</b>
1.3 STREET ADDRESS	<b>3262 N.W. 22 AVE</b>
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33309</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>EARL TONER</b>
2.3 STREET ADDRESS	<b>3071 NO. COURSE DRIVE #110</b>
2.4 CITY-ST-ZIP	<b>POMPANO BCH, FL. 33069</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>YVETTE WALKER</b>
3.3 STREET ADDRESS	<b>3731 SW 1 STREET # 2</b>
3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL. 33312</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Richard Colbert* DATE: **1/27/99** DAYTIME PHONE #: **(954) 402-3719**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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