

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 23 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000010406 (2)

1. Corporation Name
WARREN O. WOOD FINANCIAL GROUP, INC.



Principal Place of Business
**5722 S. FLAMINGO ROAD
SUITE 155
COOPER CITY FL 33330-3206**

Mailing Address
**5722 S. FLAMINGO ROAD
SUITE 155
COOPER CITY FL 33330-3206**

3. Date Incorporated or Qualified 02/01/1996	3a. Date of Last Report
4. FEI Number 65-0643472	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 10031 Pines Boulevard Suite, Apt. #, etc.	26 10031 Pines Boulevard Suite, Apt. #, etc.
22 suite 249 City & State	27 Suite 249 City & State
23 Pembroke Pines FL Zip Country	28 Pembroke Pines FL Zip Country
24 33024-6169 25	29 33024-6169 30

9. Name and Address of Current Registered Agent STUCKE, ED A JR 911 S.W. 74TH AVENUE MIAMI FL 33144-4525	10. Name and Address of New Registered Agent
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)
B3	B4 City
	B5 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Ed A. Stucke Jr. DATE **1-9-97**
Signature typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUCKE, ED A JR	1.2 NAME	VALRIE FAY MORRIS
STREET ADDRESS	5722 S. FLAMINGO ROAD, SUITE 155	1.3 STREET ADDRESS	9621 SW 77th Ave # 103-B
CITY - ST - ZIP	COOPER CITY FL 33330-3206	1.4 CITY - ST - ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	XXXXXXXXXXXXXXXXXXXX
STREET ADDRESS		2.3 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY - ST - ZIP		2.4 CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	XXXXXXXXXXXXXXXXXXXX
STREET ADDRESS		3.3 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY - ST - ZIP		3.4 CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ed A. Stucke Jr. DATE: **1-9-97** DAYTIME PHONE #: **954-438-7872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)