

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000066055

1. Corporation Name  
AN-WYNWOOD, INC.

Principal Place of Business  
2685 S BAYSHORE DRIVE SUITE 202  
COCONUT GROVE FL 33130

Mailing Address  
2685 S BAYSHORE DRIVE SUITE 202  
COCONUT GROVE FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3a. Mailing Address	3. Date Incorporated or Qualified 07/28/1998
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired \$8.75 Add. Annual Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing or Trust Fund Contribution \$5.00 (May Be Added to Fees)
24. Name and Address of Current Registered Agent	29. Name and Address of New Registered Agent	7. This corporation uses the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

~~WASHINGTON, LYNN C  
701 BRICKELL AVE  
MIAMI FL 33131~~

81 Name: PATTICIA K Green  
82 Street Address (P.O. Box Number is not Acceptable): 200 Museum Tower  
83 City: Miami  
84 State: FL 85 Zip: 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.  
SIGNATURE: Patricia K. Green DATE: 4/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DIRECTOR - Chairman	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Louis Wilson III	1.2 NAME		
STREET ADDRESS: 2685 S. BAYSHORE DR. #202	1.3 STREET ADDRESS		
CITY-ST-ZIP: COCONUT GROVE, FL 33133	1.4 CITY-ST-ZIP		
TITLE: Director - Director	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: M. Charles O. White	2.2 NAME		
STREET ADDRESS: 2685 S. BAYSHORE DR #202	2.3 STREET ADDRESS		
CITY-ST-ZIP: COCONUT GROVE, FL 33133	2.4 CITY-ST-ZIP		
TITLE: Director - Secretary	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Louis Wilson III	3.2 NAME		
STREET ADDRESS: 2685 S. BAYSHORE DR #202	3.3 STREET ADDRESS		
CITY-ST-ZIP: COCONUT GROVE, FL 33133	3.4 CITY-ST-ZIP		
TITLE: [Empty]	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Empty]	4.2 NAME		
STREET ADDRESS: [Empty]	4.3 STREET ADDRESS		
CITY-ST-ZIP: [Empty]	4.4 CITY-ST-ZIP		
TITLE: [Empty]	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Empty]	5.2 NAME		
STREET ADDRESS: [Empty]	5.3 STREET ADDRESS		
CITY-ST-ZIP: [Empty]	5.4 CITY-ST-ZIP		
TITLE: [Empty]	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Empty]	6.2 NAME		
STREET ADDRESS: [Empty]	6.3 STREET ADDRESS		
CITY-ST-ZIP: [Empty]	6.4 CITY-ST-ZIP		

CR03034 (1/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(b), 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, with all other filers empowered.

SIGNATURE: [Signature] DATE: 2/18/99