
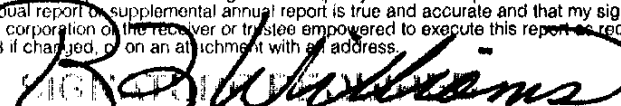


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 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 # 210689 (6) 1. Corporation Name REXWOOD INC			
Principal Place of Business P.O. BOX 220574 ATLANTIC BEACH FL 32233-0574		Mailing Address P.O. BOX 220574 ATLANTIC BEACH FL 32233	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P O BOX 330574 27 Suite, Apt. #, etc. 28 Atlantic Beach, FL 29 32233 30 Duval	
3. Date Incorporated or Qualified 03/21/1958 3a. Date of Last Report 05/01/1996			
4. FEI Number 59-6077004 Applied For Not Applicable			
5. Certificate of Status Desired <input 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			
9. Name and Address of Current Registered Agent WILLIAMS, R T 45 OAKWOOD RD JACKSONVILLE BCH FL 32250		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NAME THAMES, CHARLOTTE E	1.1 TITLE	Change Addition
STREET ADDRESS 1810 SEVILLA BLVD. #102		1.2 NAME	
CITY- ST- ZIP ATLANTIC BCH FL 32233		1.3 STREET ADDRESS	
TITLE V	NAME WILLIAMS, R T	2.1 TITLE	Change Addition
STREET ADDRESS 45 OAKWOOD RD		2.2 NAME	
CITY- ST- ZIP JACKSONVILLE BCH FL		2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY- ST- ZIP	Change Addition
STREET ADDRESS		3.1 TITLE	Change Addition
CITY- ST- ZIP		3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY- ST- ZIP	Change Addition
CITY- ST- ZIP		4.1 TITLE	Change Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Change Addition
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY- ST- ZIP	Change Addition
STREET ADDRESS		6.1 TITLE	Change Addition
CITY- ST- ZIP		6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY- ST- ZIP	Change Addition
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: 		4-14-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)