

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 210960 (1)

1. Corporation Name
WARRIOR CREEK, INC.



Principal Place of Business: 161 NURMI DRIVE FT LAUDERDALE FL 33301
Mailing Address: 161 NURMI DRIVE FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 03/31/1958
3a. Date of Last Report: 06/14/1995
4. FEI Number: 59-6072007
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt #, etc.: 22
City & State: 27
Zip: 23
Country: 25
24
29
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9. Name and Address of Current Registered Agent

SIMPSON, JAMES J.
2701 NORTHEAST 37TH DRIVE
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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

Signature of: For previous name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when in change.)

Date:

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD	NAME	WOODS, LYNN SIMPSON
STREET ADDRESS	2701 NE 37TH DRIVE	CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	STD	NAME	SIMPSON, JAMES J.
STREET ADDRESS	2701 NE 37TH DRIVE	CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	V	NAME	SIMPSON, HELEN H.
STREET ADDRESS	2701 NE 37TH DRIVE	CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE		12 NAME	
13 STREET ADDRESS		14 CITY - ST - ZIP	
21 TITLE		22 NAME	
23 STREET ADDRESS		24 CITY - ST - ZIP	
31 TITLE		32 NAME	
33 STREET ADDRESS		34 CITY - ST - ZIP	
41 TITLE		42 NAME	
43 STREET ADDRESS		44 CITY - ST - ZIP	
51 TITLE		52 NAME	
53 STREET ADDRESS		54 CITY - ST - ZIP	
61 TITLE		62 NAME	
63 STREET ADDRESS		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Lynn Simpson Woods*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-96 954-764-2495

CR2E034 (3/96)