

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 611320 (3)

1. Corporation Name

NORTHWOOD BUILDING CORPORATION



Principal Place of Business

Mailing Address

1930 N. DIXIE, WEST PALM BEACH, FL. 33407
P.O. BOX 527
PALM BEACH FL 33480

1930 N. DIXIE, WEST PALM BEACH, FL. 33407
P.O. BOX 527
PALM BEACH FL 33480

3. Date Incorporated or Qualified 02/27/1979
3a. Date of Last Report 04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 427 25th ST

26 PO BOX 527

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 W. PALM BEACH, FL

27 PALM BEACH FL

City & State

City & State

23 33407

28 33480

Zip Country

Zip Country

24

25

29

30

4. FEI Number 59-1939050
Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENDRIES, ALLAN J
3045 BURGOYNE LANE
WEST PALM BEACH, FLA
33407

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

Signature: Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHNS, TED A.
STREET ADDRESS 515 30TH ST.
CITY-ST-ZIP W. PALM BEACH FL

TITLE SD
NAME ENDRIES, ALLENS A.
STREET ADDRESS 3045 BURGOYNE LANE
CITY-ST-ZIP W. PALM BEACH FL

TITLE VD
NAME DAVENPORT, LEO
STREET ADDRESS 26 VIA AURELIA
CITY-ST-ZIP PALM BEACH GRDNS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay 10, 1996 461 465 3353
Daytime Phone #

CR2E034 (3/96)