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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOC	JMENT	# 61	1220
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1, Corporation Name

## NORTHWOOD BUILDING CORPORATION

Principal Plac	e of Business	Mailing Address		1	ASBUT REDIT BERTH BIRTH BIRST OF BI
427 25TH ST. PALM BEACH FL 33407 US.		P.O. BOX 527 PALM BEACH FL 33480 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
				02/27/1979	
	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		59-1939050	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired [_]	\$8.75 Additional
22 City & State		City & State			Fee Required
23	ec.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Country		8. This corporation owes the current year I	
24	25	29 3	اه	Personal Property Tax.	ElYes Mino
ſ	9. Name and Address of Current			10. Name and Address of New Registere	∄ Agent
ENDRIES, ALLAN J 429 25TH ST 33407			83 84 City	****150.00 Fi	-01079005 )
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	l Florida. Such change was auti	horized by the corpor	orporation submits this statement for the purpose or alion's board of directors. Thereby accept the app	of changing its registered bintment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE R	egistored Agent signature rec	guited when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
TITLE	PD	[] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	Johns, ted A.		1.2 NAVE		
STREET ADDRESS	515 30TH ST.		1.3 STREET ADDRESS		
Crty-ST-ZIP	W. PALM BEACH FL		14 C/TY-\$1-Z/P		
TITLE	SD	☐ DELETE	2 1 TITLE	429 25Th ST W PALM BEACK FL 33	Change [ ] Addition
NAME	ENDRIES, ALLENS A.		2 2 NAME	ing out st	
STREET ADORESS	3045 BURGOYNE LANE		23 STREET ADDRESS	III. PALM AGANA EL 22	de.d
CITY-ST-ZIP TITLE	W. PALM BEACH FL VD	[] DELETE	2 4 CITY-51-ZIP 31 TITLE	to map befree 1-2 33	[   Change
NAME	DAVENPORT, LEO	[ ] DECC1[	32 NAME		[ Louaride [ ] Modition
STREET ADDRESS	26 VIA AURELIA		33 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GRONS FL		34 City-St-ZiP		
TITLE	TADM DESCRIPTIONS TE	[ ] DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	[ ] Change [ ] Addition
NAME			4 2 NAME		2, (2,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[] DELETE	51 TITLE		[]Change []Addition
NAME			5.2 NAME		=, -, -, -, -, -, -, -, -, -, -, -, -, -,
STREET ADDRESS			53 STREET ADORESS		1
CITY-ST-ZIP			54 CiTY-ST-ZIP		ļ
TITLE		DELETE	61 TITLE		[] Change [] Addition
NAME			6.2 NAME		[
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
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Thereby 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 recurred 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 like empowered

GNATURE:

ALLAN J ENORICA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Daylor of Proces A)