

FILE NOW: FILING FEE IS \$61.25

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**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754306 (9)

1. Corporation Name
WOODLAKE ISLES, INC.



Principal Place of Business C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US	Mailing Address C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 US
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3. Date Incorporated or Qualified 09/24/1980	
4. FEI Number 59-2084807	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

**WALDRON, MALCOLM H I
3475 HIATUS RD
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name Miami Management, Inc.	
82 Street Address (P.O. Box Number is Not Acceptable) 1189 Sawgrass Corporate Parkway	
83	
84 City Sunrise, FL	85 Zip Code 33323

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/20/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SHLOSS, JAN	
STREET ADDRESS	705 BANKS ROAD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MUCHNICK, SID	
STREET ADDRESS	687 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TRIEDLE, NORMA	
STREET ADDRESS	643 BANKS ROAD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSS, SHARON	
STREET ADDRESS	743 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASIELLO, SUE	
STREET ADDRESS	645 BANKS RD	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORAN, HILDA	
STREET ADDRESS	741 BANKS RD	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Harold Treible
3.3 STREET ADDRESS	643 Banks Road
3.4 CITY-ST-ZIP	Margate, Fl. 33063
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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]* **REQUIRED** DATE: **3/9/98**

CR2E037 (10/97)