## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

F93000005195 (3)

1. Corporation I	MENT # F9300 WOOD, INC. (FUNDING)	000519	95 (3)		1 340 HAR (III 8 1810 1811) 88 (III 8 80 III 8	18181 81181 12818 18181 818 8881
D: : ID!	10.		•			
Principal Place of Business  200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021		Mailing Address  200 SOUTH PARK ROAD - #200  HOLLYWOOD FL 33021				
					11/16/1993	of Last Report <b>)4/26/1995</b>
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address 6		4, FEI Number 65-0461337	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apr. #, etc.		5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
City & State		City & Stat	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zıp	Cour 30	ntry	8. This corporation has liability for intangible ta: Florida Statutes Yes <b>XX</b> No	
	9. Name and Address of Curren				10. Name and Address of New Registered A	Agent
				81 Name		<del> </del>
STOTZER, THEODORE R 200 SOUTH PARK ROAD - #200				82 Street Address (P.O. Box Number is Not Acceptable)		
	VOOD FL 33021			83		
				84 City	FL	85 Zip Code
or registered familiar with SIGNATURE	d agent, or both, in the State of Floric, and accept the obligations of, Sectionature typed or printed name of registered agent	da. Such change wa on 607.0505, Florid	is authorized by the c a Statutes.	orporation's boa	ration submits this statement for the purpose of cha rd of directors. I hereby accept the appointment as	registered agent. I am
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PSTD DELETE		ELETE 1, 1 Tr	ILE	Ĺ	Change Modition
NAME	ANA COLITIL BASIC BOAS		1.2 NA			
STREET ADDRESS	HOLLYWOOD FL 33021	#200		REET ADDRESS		
CITY-ST-ZIP TITLE	HOLETWOOD TE 33021	ΓID		Y-ST-ZIP		Change Addition
NAME			2.2 NA	1		
STREET ADDRESS			2351	REET ADDRESS		
CITY-ST-ZIP			2 4 0 1	Y-ST-ZIP		
1ITEF	DELETE		ELETE 3. 1 TI	rLE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		Change ( Addition
TITLE NAME			ELETE 4.1 TI		<del>-</del>	
STREET ADDRESS				REET ADDRESS	<b>1000018009</b> 9 -04/30/96010430;	⊃ <b>1</b> 17
CITY-ST-ZIP				Y-\$T-ZIP	***208.75	. 1
TITLE			ELETE 5.1 TI			Change Addition
NAME			5.2 NA	ME	_	10001
STREET ADDRESS			5.3 ST	REET ADDRESS	<i>~</i>	1-30-46
CITY-ST-ZIP				Y-ST-ZIP		- 1R
TITLE		<u> </u>	ELETE 6 1 TI	1		Charles \ Addition
NAME			6.2 NA	l		
STREET ADDRESS			/	REET ADDRESS		
14. I do hereby certify that to oath; that I	certify that the information supplied the information indicated on this annual an an officer or director of the corpo	with this iling is volu ial report or suppler ration of the receive	ntarily furnished and o	Y-ST-ZIP does not qualify to true and accurated to execute this	for the exemption stated in Section 119.07(3)(k), Floi ate and that my signature shall have the same legal is report as required by Chapter 607, Florida Statute	rida Statutes. I further effect as if made under es; and that my name

SIGNATURE: \_

3/27/96

(954) 981-1000

CR2E034 (12/95)