

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 24 AM 8:03

|                                                              |                                                                                                    |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1998 1999</b>         | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # F95000004827 (0)</b>                           |                                                                                                    |
| 1. Corporation Name<br><b>SOUTHWOOD MANAGEMENT GROUP INC</b> |                                                                                                    |

|                                                                                                                                                                                                    |                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>353 HEAD DR<br/>100<br/>CLEVELAND AL 35019<br/>US</b>                                                                                                            | Mailing Address<br><b>P.O. BOX 210<br/>CLEVELAND AL 35049-0210<br/>US</b>                                                                                                               |
| 2. Principal Place of Business<br><b>21 1400 NW 107 AVE</b><br>Suite, Apt. #, etc.<br><b>22 SUITE 205</b><br>City & State<br><b>23 MIAMI FL</b><br>Zip<br><b>24 33172</b> Country<br><b>25 USA</b> | 2a. Mailing Address<br><b>26 1400 NW 107 AVE</b><br>Suite, Apt. #, etc.<br><b>27 SUITE 205</b><br>City & State<br><b>28 MIAMI FL</b><br>Zip<br><b>29 33172</b> Country<br><b>30 USA</b> |

|                                                                                                                                                                        |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| DO NOT WRITE IN THIS SPACE                                                                                                                                             |                                       |
| 3. Date Incorporated or Qualified<br><b>10/05/1995</b>                                                                                                                 |                                       |
| 4. FEI Number<br><b>63-1003233</b>                                                                                                                                     | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                        | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |
| 10. Name and Address of New Registered Agent                                                                                                                           |                                       |

|                                                                                                                               |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>KURZWEIL, HOWARD E<br/>328 MINORCA AVENUE<br/>CORAL GABLES FL 33134</b> |                                                                |
| 81 Name                                                                                                                       |                                                                |
| 82 Street Address (P.O. Box Number is Not Acceptable)                                                                         |                                                                |
| 83                                                                                                                            | <b>900002999379--8</b>                                         |
| 84 City                                                                                                                       | <b>-09/28/99--01047--023</b><br><b>*****158 FL *****158-75</b> |

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 \_\_\_\_\_ (PRINT) Registered Agent signature required when appointing \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 12 NAME                                               |                                                                              |
| STREET ADDRESS             |                                            | 13 STREET ADDRESS                                     |                                                                              |
| CITY- ST- ZIP              |                                            | 14 CITY- ST- ZIP                                      |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 21 TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                            | 22 NAME                                               |                                                                              |
| STREET ADDRESS             |                                            | 23 STREET ADDRESS                                     |                                                                              |
| CITY- ST- ZIP              |                                            | 24 CITY- ST- ZIP                                      |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 32 NAME                                               |                                                                              |
| STREET ADDRESS             |                                            | 33 STREET ADDRESS                                     |                                                                              |
| CITY- ST- ZIP              |                                            | 34 CITY- ST- ZIP                                      |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 42 NAME                                               |                                                                              |
| STREET ADDRESS             |                                            | 43 STREET ADDRESS                                     |                                                                              |
| CITY- ST- ZIP              |                                            | 44 CITY- ST- ZIP                                      |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 52 NAME                                               |                                                                              |
| STREET ADDRESS             |                                            | 53 STREET ADDRESS                                     |                                                                              |
| CITY- ST- ZIP              |                                            | 54 CITY- ST- ZIP                                      |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 62 NAME                                               |                                                                              |
| STREET ADDRESS             |                                            | 63 STREET ADDRESS                                     |                                                                              |
| CITY- ST- ZIP              |                                            | 64 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)(c), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell R Rhodes* **RUSSELL R RHODES** 09/28/99 (205) 274-0843  
*Patricia L Rhodes* **PATRICIA L RHODES** 09/21/99 305-691-7709

CR2E034 (10/97)

AD



1400 NW 107th Ave., Suite 205  
Miami, Florida 33172

Telephone: (305) 691-7709  
Facsimile: (305) 691-7106

September 21, 1999

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Reference: Southwood Management Group, Inc. F95000004827  
Miami Southwood, Inc. V65124

Dear Sir or Madam:

I called the Office for Corporation Annual Reports and spoke to Shawn in that office. I explained to him that we had not received the yearly Annual Report form or the reminder form for either of the above referenced corporations.

He instructed me to download the 1998 form from the internet site and make the appropriate changes and submit it with the normal fee of \$150.00 per corporation.

If I need to provide any further information, please contact me at 305-691-7709, by fax at 305-691-7106 or at our new address of:

1400 NW 107 Avenue, Suite 205  
Miami, FL 33172

Thank you for your kind assistance.

Sincerely,

Patricia L. Rhodes  
President-Southwood Management Group, Inc.  
President-Miami Southwood, Inc.