

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005740 (4)**

1. Corporation Name
WYNWOOD ATLANTIC, INC.



Principal Place of Business: **2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133**
Mailing Address: **2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **11/27/1995**
3a. Date of Last Report
4. FEI Number: **51-0370044** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **DROUIN, JEANNETTE 2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, RONALD D	2. NAME	
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	3. STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	4. CITY-ST-ZIP	
TITLE	CVT <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, WILLIAM R	22. NAME	
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	23. STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	24. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREND AHL, GARY	32. NAME	
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	33. STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	34. CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANELINE, DAVID	42. NAME	
STREET ADDRESS	100 HOWE AVE SO SUITE 210S	43. STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95825	44. CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, VICTORIA	52. NAME	
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	53. STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98402	54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 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 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)(g), 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: *William R. Stevens* **WILLIAM R. STEVENS** 4-496 (206) 627-8534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)