

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005740 (4)**

1. Corporation Name
WYNWOOD ATLANTIC, INC.

Principal Place of Business 2837 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133	Mailing Address 2937 SW 27TH AVE SUITE 101 COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1995	
21		26		4. FEI Number 51-0370044	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	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	

9. Name and Address of Current Registered Agent MGRADO, SONIA 2937 S.W. 27TH AVE, SUITE 101 COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent	
				81 Name	MARCAO is correct spelling
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PVP and D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, RONALD D	1.2 NAME	Sheldon, Gregory D
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	1.3 STREET ADDRESS	1001 Pacific Ave Suite 200
CITY-ST-ZIP	TACOMA WA 98402	1.4 CITY-ST-ZIP	Tacoma, WA 98402
TITLE	CVT <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, WILLIAM R	2.2 NAME	Eric B. Freeman
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	2.3 STREET ADDRESS	335 Madison Ave, 26th Fl
CITY-ST-ZIP	TACOMA WA 98402	2.4 CITY-ST-ZIP	New York, NY 10017
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREND AHL, GARY	3.2 NAME	Robert L. Weinstein
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	3.3 STREET ADDRESS	335 Madison Ave 26th Fl
CITY-ST-ZIP	TACOMA WA 98402	3.4 CITY-ST-ZIP	New York, NY 10017
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANELINE, DAVID	4.2 NAME	Bruce J. Williams
STREET ADDRESS	100 HOWE AVE SO SUITE 210S	4.3 STREET ADDRESS	335 Madison Ave 26th Fl
CITY-ST-ZIP	SACRAMENTO CA 95825	4.4 CITY-ST-ZIP	New York, NY 10017
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	VP, T and D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, VICTORIA	5.2 NAME	William R Stevens
STREET ADDRESS	1001 PACIFIC AVE SUITE 200	5.3 STREET ADDRESS	1001 Pacific Ave Suite 200
CITY-ST-ZIP	TACOMA WA 98402	5.4 CITY-ST-ZIP	Tacoma, WA 98402
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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* **REQUIRED** 7-21-98

CR2E034 (5/98)