FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90129 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9600006559

1. Corporation Name

WOODROW, WILSON & CROSS, INC.

Principal Place of Business Mailing Address					
19 N DELPRADO BLVD		19 N DEL PRADO BLVD			
STE #4		STE #4		DO NOT WRITE IN THIS SPACE	
CAPE CORAL FL 33909		CAPE CORAL FL 33909			
US		US		3. Date Incorporated or Qualifed	
				12/16/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 11851 ISLAND AVE		5 26 11851 IS	LAND AVE	38-3143129	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	e	City & State		Election Campaign Financing	\$5.00 May Be
23 MAT	LACHA #	28 MATLACH	<i>//</i> -	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	
24 339	193 IS LEE	29 <i>33993</i> _3	10 LEE	Personal Property Tax	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
			81 Name		
WOODROW, BARRY			82 Street Address (P O Box Number is Not Acceptable)		
19 N. DELPRADO BOULEVARD #4			Street Add	iless (i O bek Hulliber is Hell recopilises)	
CAPE CORAL FL 33909			83		
ł					
1			84 City	i i	Zip Code
	202 002	0 LCO7 1EDG Flands Chattele	the shows named set	poration submits this statement for the purpose	e of changing its registered
office or r	conintered agent or both in the State	of Florida. Such change was au	thorized by the corporat	ion's board of directors. I hereby accept the at	pointment as registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607 0505, Flori	da Statutes.		
SIGNATURE					
J GIGITATIONE	Signature, typed or printed name of registered ager		Redistered Agent signature requir		
12.	, <u> </u>	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PCT	☐ DELETE	11 TITLE	CT	A) Change D Addition
NAME	WOODROW, BARRY		12 NAME	1000ROW, BARRY	
STREET ADDRESS	544 WILLITS		13 STREET ADDRESS	1851 ISLAND AVE	
CITY-ST-ZIP	BIRMINGHAM MI 48009		1.4 CITY-ST-ZIP	IATLACHA FL 3399	3
TITLE	SD	☐ DELETE	21 TITLE 5	D	Change 🔲 Addition
NAME	VARCALLI, PATRICIA A		22 NAME	DUOODROW PATRICIA VA 1981 ISLAND AVE MITTLACHA FL	MCALLI
STREET ADDRESS	514 1499 1 1770		C 3 STREET ADDRESS	1951 TSLAND AVE	•
, ·	BIRMINGHAM MI 48009		2 4 CITY-ST-ZIP	MATLACHA FL	33993
CITY-ST-ZIP	DITIMINATION IN 40009	DELETE	3 1 TITLE		Change Addition
TITLE	1		3.2 NAME		
NAME			H i		
STREET ADDRESS	1		33 STREET ADDRESS		
GITY-ST-ZIP			34 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4 1 TITLE		□ Change □ Addition

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, with all other like empowered PLI FLINDRAIM.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

E 3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-S1-ZIP

44 CITY-ST-ZIP

5 1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

TITLE NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition

Addit on