FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:07

DOCUMENT # **G16483** **(1)**

1. Corporation Name
CHODOROW VENTURES, INC.

Principal Place of Business	Mailing Address
% CY PROPERTIES, INC. 4651 SHERIDAN STREET, STE. 305 HOLLYWOOD FL 33021	% CY PROPERTIES, INC. 4651 SHERIDAN STREET, STE. 305 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1982**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2241813** ☐ 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

9. Name and Address of Current Registered Agent

CY PROPERTIES, INC.
SUITE 305
4651 SHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHODOROW, JEFFREY R.	12 NAME	
STREET ADDRESS	19355 TURNBERRY WAY	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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: Jeffrey R. Chodorow Pres 5.31.95 (215)665 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CP

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DIVISION OF CORPORATIONS

DOCUMENT # G16736 (2)

1. Corporation Name
W & W INCORPORATED OF PALM BEACH

Principal Place of Business
% PATRICIA A. GONDA
1920 PALM BEACH LAKES BLVD., SUITE 202
WEST PALM BEACH FL 33409-3505

Mailing Address
% PATRICIA A. GONDA
1920 PALM BEACH LAKES BLVD., SUITE 202
WEST PALM BEACH FL 33409-3505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1920 Palm Beach Lakes Blvd
Suite, Apt #, etc.
22 Suite 202
City & State
23 West Palm Beach, FL
Zip: 24 33409 Country: 25 Palm Beach

2a. Mailing Address
26 1920 Palm Beach Lakes Blvd.
Suite, Apt #, etc.
27 Suite 202
City & State
28 West Palm Beach, FL
Zip: 29 33409 Country: 30 Palm Beach

4. FEI Number: 59-2240198 ☐ 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

9. Name and Address of Current Registered Agent

WALDRON, THOMAS S.
1920 PALM BEACH LAKES BLVD.
SUITE 202
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: N. Griffin Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 1920 Palm Beach Lakes Blvd., Suite 202
83
84 City: West Palm Beach, FL 85 Zip Code: 33409

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] PRES 5/30/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D/P/S/T ☒ Change ☐ Addition
NAME	WALDRON, THOMAS S.	12 NAME	N. Griffin Wilson
STREET ADDRESS	1920 PALM BCH LAKES BLVD	13 STREET ADDRESS	1920 Palm Beach Lakes Blvd.
CITY ST ZIP	W PALM BCH, FL 00000	14 CITY ST ZIP	West Palm Beach, FL 33409
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	WALDRON, THOMAS S	22 NAME	
STREET ADDRESS	1920 PALM BCH LAKES BLVD	23 STREET ADDRESS	
CITY ST ZIP	W PALM BCH, FL 00000	24 CITY ST ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	WILSON, N. G	32 NAME	None
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202	33 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(k), 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: N. Griffin Wilson, Pres. 5/30/95 407-689-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248170 CP