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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

Principal Place of Business	Mailing Address	
2740 W 5 AVE HIALEAH FL 33010	2740 W 5 AVE HIALEAH FL 33010	

FILED Mar 12 1998 8:00am Secretary of State

WOODS	S MANAGEMENT CORP. O	JF FLOHIDA				
Principal Place	of Business	Mailing Address			t tabliati atta isaat anst aalat talaa itti alati alati ata	r 01571 WIVII W(OIT 1961
2740 W S AVI		2740 W 5 AVE HIALEAH FL 33010				05
					DO NOT WRITE IN THIS SPA	UE.
					3. Date Incorporated or Qualified	
					10/11/1984 4, FEI Number	Applied For
	ace of Business	2a. Mailing Address	,		1 1	Not Applicable
Suite, Apt.	# ole	Suite, Apt. #, etc	,		59-2450581	8.75 Additional
22	#, B(C.	27			5. Certificate of Status Desired	Fee Required
City & State		City & State			, , , , , , , , , , , , , , , , , , ,	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	7ıp	Cou	ntry	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
24	25	[29]	30		Personal Property Tax due June 30. Yane and Address of New Registered Age	
	9. Name and Address of Curre	ni Hegistered Agent		B1 Name	10. Haille alto Address of Heat Registered Age	111
	HENK, HAROLD			Name		
-	OODS MANAGEMENT CORPORA	ATION OF FLORIDA	l	B2 Street A	ddress (P.O. Box Number is Not Acceptable)	
	IO WEST 5 AVENUE		1	83		
HIA	ILEAH FL 33010			03		
				84 City	FL ⁸	5 Zip Code
44 5	10. 207.01	00 d 007 1500 Florido	Ctatudae the at	ove pamed	corporation submits this statement for the purpose of ch	anging its registered
91. Pursuant to	lo the provisions of Sections 607.051 egistered agent, or both, in the State	e of Florida. Such change	was authorized	i by the corp	corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appoint	ment as registered
agent I a	ກັ familiar with, and accept the obliç	gations of, Section 607.050	05, Florida Stat	utes.		
SIGNATURE	= /		(A)(N) Devictores	Apost signature	required when reinstating) DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agent signature i	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	DP	DELET		LE		Change
NAME	GOLDBERG, RICHARD	-	1.2 N/	i i		
STREET ADDRESS	109 WOOD LANE			REET ADDRESS		
CITY-ST-ZIP	WOODMERE NY			Y-ST-ZIP		
TITLE	DV	DELET				Change Addition
NAME	BERNSTEIN, STUART	—	2.2 N/	ME I		
STREET ADORESS	123 BARRETT ROAD			REET ADDRESS	·	
CHY-ST-ZIP	LAWRENCE NY			TY-57-ZIP		
TITLE	V	DELET				Change Addition
NAME	SCHENK, HAROLD	-	3.2 N	1		
STREET ADDRESS	580 W. 50TH STREET			REET ADDRESS		
CITY-S1-7IP	MIAMI BCH FL			TY-ST-ZIP		
TITLE	DST	DELET				Change Addition
NAME	CERTILMAN, MORTON		4.2 N	AME		
STREET ADDRESS	265 DOLPHIN DRIVE			reet address		
CITY - ST - ZIP	WOODMERE NY			TY-ST-ZIP		
TITLE		☐ DELE				Change Addition
NAME			5.2 N	ME .		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELET			L	Change Addition
NAME			6.2 N	IME		
STREET ADDRESS			•	REET ADDRESS		
CITY-ST-ZIP			1	TY-ST-ZIP		
Jili Jir EW	Later to the state of the state	the this Olive does not be			d in Section 119 07/3)(i) Florida Statutes, I further certify	that the information

Indicated on this annual report or supplied with this ining does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 trastice 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 attaching with an address.

SIGNATURE: