## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 08 1997 8:00am Secretary of State

1. Corporation Name WOODBINE, INC.  Principat Place of Business  Mailing Address  May A - SOKOL  98-8 COLUMBIA DR.  TAMPA FL 33606  TAMPA FL 33606  (7)  Mailing Address  Mailing Address  May A - SOKOL  98-8 COLUMBIA DR.  TAMPA FL 33606-3536									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						<ol> <li>Date Incorporated or Qualified 07/10/1985</li> </ol>		ate of Last R 20/1996	leport
2. Principal (	Place of Business	2a. Mai	ling Address			4. FEI Number	1 00/		oplied For
21		26	-			<b>59-2577610</b>		No	ot Applicable
Suite, Apt. #, etc.		<u></u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	fe	27 Gity	& State			6. Election Campaign Financing	<del></del>	\$5.00	<del></del>
23		28	•			Trust Fund Contribution			may be to Fees
Zip.	Country			Count	ry	8. This corporation has liability to			199.032,
24	25	29		30		Florida Statutes		No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		s of Current Registered	Agent	8	1 Name	10. Name and Address of New I	Hegisteres /	Agent	<del></del>
	,vis, sheldon p., es( 5 East Madison st.	d.				/50 B N E 1 N A			<del> </del>
	ITE 920			8.	Z Street Ac	Idress (P.O. Box Number is Not Accept	(abie)		
	MPA FL 33602			B	3				
				8	4 City			85 Zip	Code
					rej City				
11. Pursuant office or agent 1.	to the provisions of Sections	ons 607.0502 and 607.15 in the State of Florida. Sept the obligations of, Sec	508, Florida Statu Such change was ction 607.0505, F	ites, the abo	ve-named c	prporation submits this statement for the ration's board of directors. I hereby acc	e purpose of cept the app	changing it cintment as	ts registered registered
11. Pursuant office or agent 1. SIGNATURE	registered agent, or both, am familiar with, and acco- Signature, typod or printed name OF	ons 607.0502 and 607.15 in the State of Florida. Sppt the obligations of, Second registered agent and title if app FICERS AND DIRECTOR	ction 607.0505, F	ites, the abo authorized l lorida Statut	ove-named copy by the corpo es.	orporation submits this statement for the ration's board of directors. I hereby account of the reinstating of the ADDITIONS/CHANGES TO OFF	e purpose of cept the app DATE	ointment as	registered
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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 13 of changed, or on an attachment with an address.

SIGNATURE: