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

Apr 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # ורות (לעדום לומרופאים) ופרות לפינות האומים או האינות היא לפירות לעות לי הוות לי היא לא האומים וברוקים הללו לה WOODSTOCK ASSOCIATES, INC. Principal Place of Business Mailing Address % WAYNE R. WOOD % WAYNE R. WOOD 5335 NORTH MILITARY TRAIL, SUITE 40 5335 NORTH MILITARY TRAIL. SUITE 40 W PALM BCH FL 33407 W PALM BCH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5077 Marion Place 5077 Marion Place 65-0009501 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be West Palm Beach, FL West Palm Beach, FL Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 33407 24 26 33407 30 USA Personal Property Tax due June 30. Yes USA 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOOD, WAYNE R. WOOD, WAYNE R. 5355 NORTH MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) 5077 MARION PLACE 82 SUITE 40 83 WEST PALM BCH. FL 33407 Zip Code 33407 84 City WEST PALM BEACH 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. Wayne R. Wood, Registered Agent April 2 1998 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE **Y** Change Addition TITŁE WOOD, WAYNE R. WOOD, WAYNE R. NAME 1.2 NAME 5077 MARION PL. 5077 MARION PLACE STREET ADDRESS 1.3 STREET ADDRESS W PALM BCH FL W PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP **X** Change DELETE Addition TITLE 2.1 TITLE WOOD, BRENDA D. WOOD, BRENDA D. 5077 MARION PLACE NAME 22 NAME 5077 MARION PL. STREET ADDRESS 2.3 STREET ADDRESS W PALM BCH FL W PALM BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 Tille NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5000024829B6hange Addition 5.2 NAME NAME -04/08/98--01079--016 STREET ADDRESS 5.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 63 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.

FILED