

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 5:43

DOCUMENT # **K29536** (5)

1. Corporation Name
WOODGATE MANOR, INC.

Principal Place of Business Mailing Address
C/O RELATED SERVICES CORP **C/O RELATED SERVICES CORP**
2828 CORAL WAY, PH STE **2828 CORAL WAY, PH STE**
MIAMI FL 33145 **MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/27/1988 **04/20/1994**

4. FEI Number Applied For
59-2903774 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26

22. Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

23. City & State City & State
23 28

24. Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

LYONS, BEN H.
C/O RELATED SERVICES CORP
2828 CORAL WAY PH, STE
MIAMI FL 33145

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when nullified)

DATE

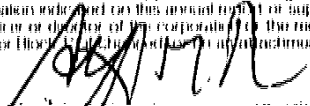
12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | DST |
| NAME | ROSS, STEPHEN M. |
| STREET ADDRESS | 625 MADISON AVENUE |
| CITY - ST - ZIP | NEW YORK NY |
| TITLE | DP |
| NAME | SHEY, STEPHEN |
| STREET ADDRESS | 9900 NW 48TH AVENUE |
| CITY - ST - ZIP | GAINESVILLE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 7.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7.2 NAME | |
| 7.3 STREET ADDRESS | |
| 7.4 CITY - ST - ZIP | |
| 8.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8.2 NAME | |
| 8.3 STREET ADDRESS | |
| 8.4 CITY - ST - ZIP | |
| 9.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9.2 NAME | |
| 9.3 STREET ADDRESS | |
| 9.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 119.01(3)(b), Florida Statutes. I further certify that the information included on this annual report is 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 of this report with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95

Daytime Phone #