FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # **K29536** **(5)**

1. Corporation Name
WOODGATE MANOR, INC.

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

Mailing Address
C/O RELATED ~~SERVICES CORP~~ SERVICES GROUP
2828 CORAL WAY, PH STE
MIAMI FL 33145-3214

2. Principal Office Address: C/O RELATED SERVICES GROUP
21 8211 W. BROWARD BLVD
Suite, Apt. #, etc.
22 SUITE # 350
City & State
23 PLANTATION, FL
Zip
24 33324
Country
25 USA

2a. Mailing Address C/O RELATED SERVICES GROUP
26 8211 W. BROWARD BLVD.
Suite, Apt. #, etc.
27 SUITE # 350
City & State
28 PLANTATION, FL
Zip
29 33324
Country
30 USA

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2903774 ☐ 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
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) C/O RELATED SERVICES GROUP
83 8211 W. BROWARD BLVD., STE # 350
84 City PLANTATION, FL **FL** 85 Zip Code 33324

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	M	☐ Change ☒ Addition
3.2 NAME	LYONS, BEN	
3.3 STREET ADDRESS	8211 W. BROWARD BLVD., STE # 350	
3.4 CITY-ST-ZIP	PLANTATION, FL 33324	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: ✓ [signature] Ben Lyons [illegible]