

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

APPROVED
AND
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94 JUL -8 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
CHRISTOPHER WOODMAN, P.L.D., P.A.

DOCUMENT #
L50437 (7)

Mailing Address
9750 NW 33RD ST.
SUITE 201
CORAL SPRINGS FL 33065

Principal Place of Business
9750 NW 33RD ST.
SUITE 201
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/16/1990

3a. Date of Last Report
04/16/1993

4. FET Number
65-0173946

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

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

2a. Principal Place of Business

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODMAN, CHRISTOPHER
9750 N.W. 33RD ST.
SUITE 201
CORAL SPRINGS FL 33065

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *Christopher Woodman*
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

DATE 6-20-94

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D
12 NAME	WOODMAN, CHRISTOPHER
13 STREET ADDRESS	9750 NW 33RD ST, STE 201
14 CITY, ST, ZIP	CORAL SPRINGS FL
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 199.03(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 199.03(2)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the owner of frozen unclaimed property to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an officer with an address.

SIGNATURE: *Christopher Woodman* CHRISTOPHER WOODMAN 6-20-94 752-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR