

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L61137** (0)

1. Corporation Name
WOODIE ENTERPRISES, INC.

Principal Place of Business 7112 2ND AVE S. ST PETERSBURG FL 33707 US	Mailing Address 7112 2ND AVE S ST PETERSBURG FL 33707-1228 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1990		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2999764		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARD RUZICKA 7112 2ND. AVE. S. ST. PETERSBURG FL 34642				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number Is Not Acceptable)			
83				84 City			
				85 Zip Code			
				FL			

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 *Richard R. Ruzicka* DATE **4/13/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALM, PAUL, G		1.2 NAME	Richard R. Ruzicka			
STREET ADDRESS	8933 ST ANDREWS DR		1.3 STREET ADDRESS	7112 2ND AVE S.			
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	St. Petersburg, FL 33707			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALM, DAVID, K		2.2 NAME	Oldanie, Chuck			
STREET ADDRESS	8933 ST ANDREWS DR		2.3 STREET ADDRESS	11692 Parkview Ln.			
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	Seminole, FL			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLDANIE, CHUCK		3.2 NAME				
STREET ADDRESS	11692 PARKVIEW LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP				
TITLE	AST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, STEVE		4.2 NAME				
STREET ADDRESS	8075 WINGED FOOT DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	GRAND BLANC MI		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUZICKA, RICHARD R		5.2 NAME				
STREET ADDRESS	7112 2ND AVE S		5.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: *Richard R. Ruzicka* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/13/97** Daytime Phone: **813-345-8428**

CR2E034 (9/96)