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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name L74553

(3)

GARCIA AND WOOD, P.A.

| Principal Place o | f Business | Mai | iling Address | | | | | | |
|---|--|--------------|-----------------------------------|-------------|-----------------|--|---|-------------------|------------------------------------|
| 2900 GRIFFIN | RD | 2 | 2900 GRIFFIN RD | | | | | | |
| 1 FT LAUDERDALE FL 33312 US | | | 1 FT LAUDERDALE FL 33312 US | | | | 3. Date incorporated or Qualified 05/21/1990 3a. Date of Last Report 04/26/1995 | | |
| 2. Principal Plac | e of Business | 2a. | Mailing Address | | | | 4, FEI Number 65-0198324 | | Applied Fi |
| Suite, Apt. #, | etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 3.75 Addition Fee Required |
| City & State | | 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | 7 | 5.00 May B Added to Fees |
| Zip 4 | Country 25 | 29 | Žip | Co | untry | | 8. This corporation has liability for i | ntangible tax und | iers 199.032 |
| <u>*</u> | 9. Name and Address of Curre | | tered Agent | | T | | 10. Name and Address of New R | egistered Agen | t |
| | g. Harris and Harris at Santa | | · | | 81 | Name | | | |
| | R. WOOD | 82 Street Ad | | | Street Add | dress (P.O. Box Number is Not Acceptab | le) | | |
| 2900 GRIFFIN RD SUITE 1 | | | | | 83 | | | | |
| • | ERDALE FL 33312 | | | | 84 | City | oration submits this statement for the pur | FL 85 | |
| 12. | Signature typed or printed harve of registers and OFFICERS A | | | 13 | | of Syrutore rota | ADDITIONS/CHANGES TO OFF | | ECTORS IN 12 |
| TITL F | D | | | 1 | | | | | |
| NAME | WOOD, DENNIS R | | | | NAME STREET | I ADDRESS | | | |
| STREET ADDRESS | 2900 GRIFFIN RD STE #1 FT LAUDERDALE F | | | | | ST-ZIP | | | |
| CITY-ST-ZIP TITLE | D LAUDERDALE F | | DELETE | | TITLE | J1 - 611 | | ☐ CF | nange 🔲 Ad |
| NAME (| WOOD, MARINA GARCIA | | Lad See Vie | | NAME | | | | |
| NAME STREET ADORESS | 2900 GRIFIN RD STE #1 | | | | | I ADDRESS | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | | 2.4 | C:TY- | ST-ZIP | | | |
| TITLE | | | DELETE | 3 ! | TITLE | | • | C C | nange 🔲 Ad |
| NAME | | | | 3.2 | NAME | | | | |
| STREET ADDRESS | | | | 3 3 | STREE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | | | | SI - ZIP | | ПС | hange 🗀 Ac |
| TITLE | | | ☐ DELETE | | TILE | | | | nonge [Ac |
| NAME | | | | | NAME | | | | |
| STREET ADDRESS | | | | | | 1 ADDRESS | | | |
| CITY-ST-ZIP | | | DELFTE | | | 51 719 | | <u>— п</u> с | nange 🗍 Ad |
| TITLE | | | L Dettie | | i Title Name | | | <u>.</u> | · • |
| NAME | | | | | | 1 ADDRESS | | | |
| STREET ADDRESS | | | | | | Sr-ZiP | | | |
| CITY-ST-ZIP | | | C) DELETE | | 1 Till F | | | | hange A |

6 1 Trille

6.2 NAME 6.3 STREET ADDRESS

€ 4 CITY - ST- ZIP

SIGNATURE:

TITLE

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 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 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 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 under under certify that the information indicated on this annual report or supplemental annual report is true.