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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

NORTHWOOD CENTRE, INC.

**FILED** Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								IBN 61811 18E1
	I MONROE STREET		H MONROE STREE	ī				
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	JEAGE	
						09/06/1988		
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI Number	T A	pplied For
21		26				59-2974717		ot Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   SUITE, 3				>		5. Certificate of Status Desired		Additional leguired
City & State City & State						6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Į Zip	Country Zip			Country		8. This corporation owes or has paid the current year Intangible		
24	25   29   30   30   30   30   30   30   30   3			Personal Property Tax due June 30. Yes No				
		urrent Hegistered Agei	זר	81	Name	10. Name and Address of New Registered A	igent	
	ABBARD, KIMBERLY S			["	Name			
C/O NORTHWOOD CENTRE 1940 N MONROE ST				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303				83		Patter Commence of the Commenc		
				84	City	FL	<b>85</b> 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 chan 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 appointmentagent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.								its registered registered
SIGNATURE .								
	Signature, lyped or printed name of registe				nt signature rec	quired when reinstating) DATE.		
12.	OFFICER D	S AND DIRECTORS	20.000	3.		ADDITIONS/CHANGES TO OFFICERS AND		
NAME	ZOOK, DAVID S	ب	• • • • • • • • • • • • • • • • • • • •	1 TITLE		·	Change	☐ Addition
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CITY-ST-ZIP	TALLAHASSEE FL	21 440		a SINEEI 4 CITY-S	ADDRESS			ļ
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NAME				2 NAME				
STREET ADDRESS	ī.		2.3	3 STREET	ADDRESS			
CITY-ST-ZIP	_		2.	4 CITY - S	ST-ZIP			
TITLE			DELETE 3.1	1 TITLE	1		Change	Addition
NAME			3.2	2 NAME				
STREET ADDRESS			3.3	3 STREET	ADDRESS			
CITY-ST-ZIP				4. CITY - S	11 - ZIP			
TITLE			-	1 TITLE			Change	Addition
NAME			1	2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				4 City - S1	T - ZIP		<del></del>	[
TITLE		L		TITLE	İ	l	Change	Addition
NAME STREET ADDRESS				2 NAME	ADDRESS			
STREET ADDRESS				STREET				
CITY-ST-ZIP TITLE				I CITY-SI I TITLE	- 214		Change	Addition
NAME				NAME	İ	ι	Change	☐ Addition
STREET ADDRESS				STREET :	ADDRESS			
CITY-ST-ZIP				CITY-ST				
	portify that the information avendi	ad with this filing does n	5.9		-217	- 01 140 07/0V/) El. 11 01 14 1/ 1		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.