


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90051 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002688					
1. Corporation Name OUR PART OF THE WOODS, INC.					
Principal Place of Business 14917 ENCINO CIRCLE NO. AT GRAND PALMS PEMBROKE PINES FL 33027			Mailing Address 14917 ENCINO CIRCLE NO. AT GRAND PALMS PEMBROKE PINES FL 33027		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/08/1995	
				4. FEI Number 65-0594693	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent SHERMAN, TERRY T 14917 ENCINO CIRCLE NO. AT. GRAND PALMS PEMBROKE PINES FL 33027				10. Name and Address of New Registered Agent	
				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 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			1.1 TITLE			
NAME	SHERMAN, TERRY T			1.2 NAME			
STREET ADDRESS	14917 ENCINO CIRCLE NO. AT GRAND PALMS			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROMAN, HARVEY J DR.			2.2 NAME			
STREET ADDRESS	18305 N.W. 12 ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERAZO, MARILYN			3.2 NAME			
STREET ADDRESS	564 NW 163RD AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33028			3.4 CITY-ST-ZIP			
TITLE	Sec - Director	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Gary Barcus Esq.			4.2 NAME			
STREET ADDRESS	16895 W 158 Ave			4.3 STREET ADDRESS			
CITY-ST-ZIP	Pembroke Pines FL 33027			4.4 CITY-ST-ZIP			
TITLE	Deborah L. Hirshberg	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	15875 SW 3rd Ct. #204			5.2 NAME			
STREET ADDRESS	Pembroke Pines FL 33027			5.3 STREET ADDRESS			
CITY-ST-ZIP	Pembroke Pines FL 33027			5.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Janet Marshall Mintz			6.2 NAME			
STREET ADDRESS	901 SW 138 Ave, Apt C30			6.3 STREET ADDRESS			
CITY-ST-ZIP	Pembroke Pines, FL 33027			6.4 CITY-ST-ZIP			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)