

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00137 (0)
1. Incorporation Year
WOODHAVEN REALTY SALES LTD. CORP.

Principal Place of Business 775 MARLBORO DR TOWN OF MT ROYAL QUEBEC H4P 1B5 CANADA	Mailing Address 775 MARLBORO DR TOWN OF MT ROYAL QUEBEC H4P 1B5 CANADA
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 62-1079584	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
ZIP 24	COUNTRY 25	ZIP 29	COUNTRY 30

9. Name and Address of Current Registered Agent

**MOSCOVITCH, HAROLD
6295 BAHIA DEL MAR CIRCLE
ST. PETERSBURG FL 33715**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 12/06/1983	3a. Date of Last Report 04/13/1994
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10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 607.0502, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCOVITCH, HAROLD	1. NAME	
STREET ADDRESS	775 MARLBORO DR	1. STREET ADDRESS	
CITY, ST., ZIP	MT ROYAL, QUEBEC	1. CITY, ST., ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST., ZIP		2. CITY, ST., ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST., ZIP		3. CITY, ST., ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST., ZIP		4. CITY, ST., ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST., ZIP		5. CITY, ST., ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST., ZIP		6. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. But I am an officer or director of the corporation for the year or biennial report covered by this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or any attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED (PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 25/95 514-733-8908