SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS 1996 P92000002039 (5) **DOCUMENT #** RICHARD E. WOOD, INC. Principal Place of Business Mailing Address 4235 NE 6TH AVE. 4235 NE 6TH AVE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 3a. Date of Last Report 3. Date Incorporated or Qualified 10/30/1992 03/31/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0367958 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has hability for intangible lax under s. 199 032  $Z_{ip}$ Yes No 25 29 Florida Statutes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOOD, RICHARD E 4253 NE 6TH AVE. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33334 83 84 City 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 changing its registered ar Norida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered as 1 of, Section 607,0505 porida Statutes. office or registered agent agent I am familiar with SIGNATURE 12. OFFICERS AND DIRECT 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change DELETE TITLE 1 % TIBLE NAME WOOD, RICHARD E 1.2 NAME 4253 NE 6TH AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP 1.4 CITY - ST - ZIP DÉLÉTE Change Addition TITLE 2 1 THTLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - \$T - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE Change Addition TITLE 4.1 111(6 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST ZIP DELETE Change Addition TITLE 6.1 HILE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-ST-ZIP

SIGNATURE:

that my name appears in Block 12

SIGNATURE AND TYPED OF

14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutos I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's greature shall have the same legal effect as if made under eath, that I am an office of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

an attachment with an address

(36/8)