**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 15 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015416

1. Corporation Name
WOOD-FAY ASSET MANAGEMENT COMPANY

Principal Place of Business
4665 Ponce de Leon Blvd
CORAL GABLES, FL 33146

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0389022
Applied For
Not Applicable

Suite, Apt. #, etc
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

ALVEREZ, VICTOR M.
4900 FIRST UNION FINANCIAL CTR.
200 S. BISCAYNE BLVD.
MIAMI, FL 33131

**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 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 607.0505, Florida Statutes.

SIGNATURE
Signature - Typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | VPD | ☐ DELETE |
| NAME | WOOD, Thomas D | |
| STREET ADDRESS | 4665 Ponce de Leon Blvd | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| TITLE | STD | ☐ DELETE |
| NAME | WOOD, Thomas D. JR. | |
| STREET ADDRESS | 4665 Ponce de Leon Blvd. | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| TITLE | D | ☐ DELETE |
| NAME | FAY, Michael T. | |
| STREET ADDRESS | 4665 Ponce de Leon Blvd | |
| CITY-ST-ZIP | CORAL GABLES 33146 | |
| TITLE | PD | ☐ DELETE |
| NAME | DELOACH, James R. | |
| STREET ADDRESS | 4665 Ponce de Leon Blvd | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | 900002243219--0 | |
| 1.3 STREET ADDRESS | -07/21/97--01123--009 | |
| 1.4 CITY-ST-ZIP | ****165.00 ****165.00 | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** James R. DeLoach — JAMES R. DELOACH — 6/23/97 — 305 666-5708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #