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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 18 1998 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300003635 (8)

WOODBURN HOLDING CORP. II

Principal Place of Business Mailing Address						- 1 IMBITORI LEW ENERN TREATS RAFIES DURECT MI	HILL BE DEN WOOL		188 111	1 8414 4884
LAS OLAS CTR LAS OLAS CTR										
	PLAS BLVD 900 Pale Fl 33301		450 E LAS OLAS BLVD 900 FT. LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualified				
						01/15/1993				
	lace of Business	2a. Mailing Address				4. FEI Number		7	Apr	olied For
21	26								Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suile, Apt. #, etc.			5. Certificate of Status Desired				dditional gulred
City & State	e	<del></del>	City & State			6. Election Campaign Financing				May Be
23		├ŋ '	28			Trust Fund Contribution				Fees
Zip				try		8. This corporation owes or has pa	id the cur			
24	25	29	30			Personal Property Tax due June 30.  Yes No				
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	gent		
	PRVITZ, WILLIAM D		8	31	Name					
LAS OLAS CTR			8	32	Street Address (P.O. Box Number is Not Acceptate					
450 E OLAS BLVD 900 FT. ŁAUDERDALE FL 33301			9	83						
F1.	. DAODENDALE PL 33301		Ĺ					<del></del>		
			8	34	City		FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	ove-	named corpo	oration submits this statement for the p		chang	ng its	registered
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such ch <b>ange w</b> as gations of, Section 607.0505, F	authorized Iorida Statul	by tes.	the corporation	oration submits this statement for the pon's board of directors. I hereby acceptable	of the app	oinlmer	nt as r	egistered
SIGNATURE										
43	Signature, typed or printed name of registered a			Agen	t signature require	d when reinstating)	DATE CEDE AND	DIDEC	TODE	\ \
12.	POST	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	JERS AND	Cha		Addition
NAME	HORVITZ, WILLIAM D	C percit	1.2 NAM						. igo	
STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900					ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL	02 10 0210 000			i i					1
TITLE	V	1.4 CITY-ST-ZIP 2.1 TITLE					☐ Cha	nge	Addition	
NAME	HORVITZ, DAVID W	2.2 NAME						•		
STREET ADDRESS	LAG OLAD OTD APA ELAD OLAD DIAM ON				AODRESS					i
CITY-ST-ZIP	ET LAUDEDDALE EL				r-ZIP					ľ
TITLE	V DELETE			E		\$170 <sub>0</sub>		Cha	nge	Addition
NAME	LUKE, DOUGLAS S			ξ						
STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900			3.3 STRE	EET A	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY	r - ST	- ZIP					[
TITLE		DELETE	4.1 TITLE					Cha	nge	☐ Addition
NAME			4. 2 NAN	ИE						
STREET ADDRESS			4 3 STAE	EET A	uddress					
CITY-ST-ZIP			4.4 City	- ST	- ZIP					
TITLE		☐ DELETE	5.1 TITLE	E				☐ Cha	nge	☐ Addition
NAME			5.2 NAM	1E						
STREET ADDRESS			5.3 STR	ET A	ADDRESS					1
CITY-ST-ZIP	<del></del>		5.4 CITY		- ZIP			T-1		
TITLE		DELETE	6.1 TITLE	E				L. Cha	nge	Addition
NAME			6.2 NAM	1E						1
STREET ADDRESS					ADDRESS					1
CITY CT 710			6 A DITY	CT	פול					

14. Thereby 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 the 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 trustic employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an adyress.