

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000045780 (2)**

1. Corporation Name  
**WOOD-HART ENTERPRISES INC.**

Principal Place of Business  
**424 BERMUDA SPRINGS DR  
FT LAUDERDALE FL 33326**

Mailing Address  
**424 BERMUDA SPRINGS DR  
FT LAUDERDALE FL 33326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2561 Jardin Manor</b>		2a. Mailing Address <b>26 2561 Jardin Manor</b>		3. Date Incorporated or Qualified <b>06/29/1993</b>		3a. Date of Last Report <b>03/05/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0424768</b>		Applied For Not Applicable	
22 City & State <b>23 Weston FL</b>		27 City & State <b>28 Weston FL 33327</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33327</b>		25 Country <b>USA</b>		29 Zip <b>33327</b>		30 Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>WOOD, MARK 424 BERMUDA SPRINGS D.R FT LAUDERDALE FL 33326</b>				10. Name and Address of New Registered Agent			

81 Name <b>Wood, Mark</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2561 Jardin Manor</b>
83
84 City <b>Weston</b>
85 Zip Code <b>FL 33327</b>

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	WOOD, MARK	1.2 NAME	Wood, Mark
STREET ADDRESS	424 BERMUDA SPRINGS DRIVE	1.3 STREET ADDRESS	2561 Jardin Manor
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Weston FL 33327
TITLE	S	2.1 TITLE	S
NAME	WOOD, KATHLEEN	2.2 NAME	Wood Kathleen
STREET ADDRESS	424 BERMUDA SPRING DRIVE	2.3 STREET ADDRESS	2561 Jardin Manor
CITY-ST-ZIP	FT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	Weston FL 33327
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E034 (4/97)