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

DOCUMENT # P93000081600 (7)

H.E. WOODWARD, INC.

FILED Feb 19 1997 8:00am Secretary of State

Principal Place of Business 1814 EAST SANDPOINTE PLACE VERO BEACH FL 32963	Mailing Address 1814 EAST SANDPOII VERO BEACH FL 329				ii 1810 d ini i 1 910 di ni i		
				3. Date Incorporated or Qualified 11/29/1993		te of Last 7/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	ii		Applied For
21 26 Suite, Apt #, etc Suite, Apt #, etc				- 99.75		Not Applicable	
27 27		•		5- Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing			0 May Be
23]	untry Zip	Coun	tru	Trust Fund Contribution			d to Fees
24 25	21p	30	шу	This corporation has liability for Florida Statutes	r intangible 🛣 Yes 🛚		s. 199.032,
	dress of Current Registered Agent			10. Name and Address of New R			
Jackson, Elizabeth 817 Beachland Blvi Vero Beach Fl 3296	D.		Street Add	ress (P.O. Box Number is Not Accepta	able)		
		[8	4 City	······································	FL	85 Zir	p Code
11. Parsuant to the provisions of S	Sections 607.0502 and 607.1508, Florida 5 both, in the State of Florida. Such change accept the obligations of, Section 607.050	Statutes the abo	ove-named cor	poration submits this statement for the	purpose of	changing	its registered
SIGNATURE Signature, typed as per test 12. Iffile D	rane of equileted agent and title if applicable OFFICERS AND DIRECTORS DELET	13.		red when reinstalling) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	
NAME WOODWARD, H STREET ADDRESS 1814 EAST SAM CITY-ST-ZIP VERO BEACH FL	E (1) DPOINTE PLACE	1.2 NAM 1.3 STA	Y			- •	
TIFLE	OEL ET					Change	e Addition
NAME		2.2 NAN	le l	·			
STREET ADORESS			EET ADDRESS				
CITY-SI-ZP Tifle	DELET		Y-ST-ZIP			Change	e Addition
NAME	head Owner.	3.2 NAA	ļ	;			
STREET ADDRESS		3.3 STR	EET ADDRESS				
CITY-ST-7IP			Y-ST-ZIP			T 7 2	
TOTE	DELET					☐ Change	e
NAME STREET ADDRESS		4. 2 NAI	eet address				
CITY ST-ZF			(-ST-ZIP				
DILE	DELET					Change	e Addition
NAME		5.2 NAA	AE				
STREET ADDRESS		5.3 STR	EET ADDRESS				
CITY+S1-ZIP			(-ST-ZIP			110-	. 11
TITLE	DELET		Ī			Change	e 🔲 Addition
NAME		6.2 NAM	·-				
STREET ADDRESS			EET ADDRESS Y-ST-ZIP				
14. Ldo beteby certify that the inti	ormation supplied with this filing does not			d in Section 119.07(3)(i), Florida Statu	tes I further	certify th	at the

1 do nereby certify that the information supplied with this filing ooes not quality for the exemption stated in Section 119.07(3)(). Florida Statules, 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 Statules; and that my name appears in Block 12 or Block 13 if thanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

561-238-8982

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