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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000025491**1. Corporation Name

ALAN P. WOODRUFF & ASSOCIATES, P.A.

•								
Principal Pla	ce of Business	Mailing Add	iress			-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	FINA KADA BININ DIQIQ	
5360 MALALU CAPE CORAL	KA COURT	5360 MALALI	UKA COURT					
CAFE CONAL	FE 33510	CAPE CORAL	L LT 22310			DO NOT WRITE IN TI	HIS SPACE	
		•				3. Date Incorporated or Qualifed		
A D C C C C C C C C C C						04/01/1994		
	Place of Business	2a. Mailing	Address			4. FEI Number	├	plied For
Suite, Apt	1 # oto	26 Suita As	pt. #, etc.			65-0477561		t Applicable
22 Suite, Apr	#, etc.	27 Suite, Ap	pt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Sta	ate	City & S	itate			6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Fund Contribution	Added	
Zip	Country	Zip	_	Country		8. This corporation owes the current year		_
24	25	29	3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre		ent			10. Name and Address of New Register	ed Agent	
	ODRUFF, ALAN P			81 Na	me			
A 636	MALALUKA COURT	通行 長者		82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
	PE CORAL FL 33094					20,87.5		, r ,2 g51
UAF	FE COUNT FE 33094			83				
•				84 Cit			85 Zip (Code
	S	14 (1 <u></u>			-	F	·L∣	
11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1308, I	Florida Statutes	, the above-nan	ned corpo	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its	registered
agent. Fa	am familiar with, and accept the oblig	Jations of Section 6	607.0505, Electe	otatutes.	orporation	ins board of directors. Thereby accept the ap	pointment as re	gistered
SIGNATURE		//				1/5-	199	•
OIOITA) OIL	Signature, typed of printed name of registered ag	gent and title if applicable	(NOTE: R	egistered Agent signa	ture required	when reinstating) DATE		
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OFFICERS		
TITLÉ	D		☐ DELETE	1.1 TITLE		e	☐ Change	☐ Addition
NAME	WOODRUFF, ALAN P ESQ.			1.2 NAME				
STREET ADDRESS					i			
CITY-ST-ZIP	CAPE CORAL FL 33904			1.3 STREET ADDR	ESS			
TITLE					ESS			
NAME .			□ DELETE	1.3 STREET ADDR	ESS		Change	☐ Addition
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6.4 CITY-ST-ZIP 14. I 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 received the 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 attack the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if made under oath; that I am an officer or director of the corporation or the received the same legal effect as if the same legal effect as if

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90017 021 ***150.00