SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000026414 (0)**

1. Corporation Name
T. WOOD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~1007 N FEDERAL HWY~~ ~~SUITE 134~~ ~~FT LAUDERDALE FL 33304~~ US	~~1007 N FEDERAL HWY~~ ~~SUITE 134~~ ~~FT LAUDERDALE FL 33304~~ US

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business	2a. Mailing Address
21 1007 N. FEDERAL HWY.	26 1007 N. FEDERAL HWY.
Suite, Apt. #, etc. 22 SUITE 134	Suite, Apt. #, etc. 27 SUITE 134
City & State 23 FT. LAUDERDALE FL	City & State 28 FT. LAUDERDALE FL
Zip 24 33304 Country 25 USA	Zip 29 33304 Country 30 USA

4. FEI Number: 65-0495437 — Applied For / Not Applicable
5. Certificate of Status Desired: ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEYDASCH, AXEL
100 N BISCAYNE BLVD
30TH FL, NEW WORLD TOWER
MIAMI FL 33132

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, Type or Print Name of Current Registered Agent and Title, if Applicable) (NOTE: Registered Agent's signature required if Block 10 is completed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PTD~~	☑ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	~~WOOD, TRACEY~~		12 NAME		
STREET ADDRESS	~~1007 N FEDERAL HWY, STE 104~~		13 STREET ADDRESS		
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		14 CITY-ST-ZIP		
TITLE	~~VSD~~	☐ DELETE	21 TITLE	P,V,T,S,D	☑ Change ☐ Addition
NAME	~~WOOD, THOMAS~~		22 NAME	WOOD THOMAS	
STREET ADDRESS	~~1007 N FEDERAL HWY., STE 104~~		23 STREET ADDRESS	1007 N. FEDERAL HWY. STE 134	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		24 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33304	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: T. Wood DIRECTOR 7-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)