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FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000063559 (6)

1. Corporation Name

WOODSETTER PAVILION, INC.

Principal Place of Business

902 N.E. 1ST ST.
POMPANO BEACH FL 33060

Mailing Address

902 N.E. 1ST ST.
POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

65-0520322

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 5645 NW 27 CT

Suite, Apt. #, etc

22

City & State

23 LAUDERHILL, FL

Zip

24 33313

Country

25 USA

2a. Mailing Address

26 149 NW 101 ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI

Zip

29 33150

Country

30 USA

9. Name and Address of Current Registered Agent

IRWIN, EDWARD J
902 N.E. 1ST ST.
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

DR OLIVER

82 Street Address (P.O. Box Number is Not Acceptable)

149 NW 101 ST

83

84 City

MIAMI

FL

85 Zip Code

33150

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

John Oliver

4-15-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

NAME

LACERTE, JEAN-LOUIS

STREET ADDRESS

902 N.E. 1ST ST.

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

VSD

NAME

IRWIN, EDWARD

STREET ADDRESS

902 N.E. 1ST ST.

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

☐ DELETE

NAME

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

1.2 NAME

DR John Oliver

1.3 STREET ADDRESS

149 NW 101 ST

1.4 CITY-ST-ZIP

MIAMI, FL 33150

2.1 TITLE

HA Secretary

2.2 NAME

HANSRAM RAMRUP, JR

2.3 STREET ADDRESS

5605 NW 27 CT

2.4 CITY-ST-ZIP

LAUDERHILL, FL 33313

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

John Oliver

4-15-98 (305) 885 1467

CR2E034 (10/97)