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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000091777 (0)

RYWOOD, INC.

8160 TAFT ST.			
8160 TAFT ST. PEMBROKE PINES FL 33024 US			
2a. Mailing Address			
26			
	US 2a. Mailing Address		

FILED Mar 12 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Addr	ess					
8160 TAFT ST.		8160 TAFT :	8160 TAFT ST.					
	PINES FL 33024		PINES FL 33024					
US		US				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified		
						12/19/1994		
2. Principal P	lace of Business	2a, Mailing A	ddress			4. FEI Number	A	pplied For
21		26				65-0538532	, N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired		Additional
22		27				C. Commode of Status Session	Fee R	equired
City & Stat	0	City & Sta	te			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Ζιρ		Country		8. This corporation owes or has paid the	current year in	tangible
24	25	29	30			Personal Property Tax due June 30.		No
	9. Name and Address of Cure	rent Registered Age	nt			10. Name and Address of New Registere	d Agent	
W	DOD, MICHAEL D			81	Name			
71	4 NW 103RD TERR 10			82	Stroot /	Address (P.O. Box Number is Not Acceptable)		
1	T 202			ا منا	SHEELF	ADDIESS (F.O. DOX NOTIDE) IS NOT ACCEPTABLE)		
PE	MBROKE PIENS FL 33026			83				
1				84	City	<u>r</u>	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	1502 and 607 1508. F	orida Statutes, th	ne above	a-named	corporation submits this statement for the purpose	of changing	ts registered
office or r	egistered agent, or both, in the Sta	ate of Florida, Such of	ange was autho	rized by	the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	ppointment as	registered
	m familiar with, and accept the ob-	ligations of, Section 6	U7.0505, Florida	Statutes	i.			
SIGNATURE	Signature, typed or profed name of registered	nowed and tille if soulir ablo	(NOTE Rec	netered Arre	nt signature	required when reinstating) DATE		
12.		AND DIRECTORS		13.	int eignalore	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	D			1.1 TATLE	1	ADDITIONS OF PARTIES AND AN ADDITIONAL AND AN ADDITIONAL AND ADDIT	Change	Addition
NAME	RYAN, ROBERT	_		1.2 NAME	i			
STREET ADDRESS	8160 TAFT ST.			1.3 STREET	4DDOFGE			
i i	PEMBROKE PINES FL				i			
CITY-ST-ZIP TITLE	D			1.4 CITY - \$1 2.1 TITLE	I - ZIP	And the state of t	☐ Change	Addition
1 1	WOOD, MICHAEL	L					C Criange	L) Addition
NAME	714 N.W. 103RD TERRACE	:		2.2 NAME				
STREET ADDRESS	PEMBROKE PINES FL 330	=		23 STREET				
CITY-ST-ZIP	PEMBRORE PINES PL 330			2 4 CITY-S	T-ZIP			4 4 3 100
TITLE		L		3.1 TITLE	1		Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	address			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		3.4. CITY - S	T-ZIP			
TITLE			DELETE	4.1 TITLE	[Change	Addition
NAME			Ĩ	4. 2 NAME]			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP			I	4.4 CITY - ST	T-ZIP	4		
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5 2 NAME				
STREET ADORESS			1	5.3 STREET	ADDRESS]
CITY-ST-ZIP				5.4 CITY-SI				
TITLE				6.1 TITLE			Change	Addition
NAME		_		6.2 NAME				
				6.3 STREET.	ADDDECC			·
STREET ADDRESS				• • • • • • • • • • • • • • • • • • • •	····)			
CITY-ST-ZIP				64 CITY-ST	ı-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 around 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: ## ACCURATION OF THE PROPERTY OF