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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000058345 (6)

FOUR WOODS, CORP.

1998

## FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					• · · · · · · · · · · · · · · · · · · ·
4 WOODS LANE 4 WOODS LANE					
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 334		136	DO NOT WRITE IN THIS SPACE		
}				3. Date Incorporated or Qualified	
į.				07/27/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0601673	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	•	City & State			Fee Required
City & Sta	te	h		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<b>[28</b> ]	Country	8. This corporation owes or has paid the	·····
24	25	- <del> </del>	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registers	
GREENBERG, JOEL E 81 Name					
4 WOODS LANE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33436				Tobb (Fig. Box Harriso) to Not Tibooptailoy	
			83		
			84 City		85 Zip Code
	<u> </u>			F	
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. Hereby accept the appointment as registered					
agent. I am familiar with, and agreept the obligations of, Soction 607.0505, I forida Statutes.					
SIGNATURE				April 15,19	48
40	Signature, typh of or printed name of registered ager OF LICERS ANI		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS (N. 12)
12.	D OF TOE TO ANY	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	WOFSY, HOWARD	2-2	1.2 NAME		
STREET ADDRESS	4 WOODS LANE		1.3 STREET ADDRESS		[8
CITY-ST-ZIP	BOYNTON BEACH FL 33436		1.4 CITY-ST-ZIP		2
TITLE	D	DELFIE	2.1 1(TLF		Change Addition
NAME	WOFSY, RUTH		22 NAME		
STREET ADDRESS	4 WOODS LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>		2. 4 CHY-S1-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREE1 ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP		·	4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME	)		5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_CT_710	l .		6.4 CBV, ST, 7ID		

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with on address.

DN. 215.1998