1, Corporation Name



DOCUMENT # P95000058345

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90052 023 ***150.00

FOUR W	OODS, CORP.									
Principal Place	e of Business	Mailing Addres	s			- I ADDRIBUR IIS ADIOTI	Dilli Bolil Obil Boli	FI DUTEL BILDI FOLKO LERI		
4 WOODS LANS		4 WOODS LANE								
BOYNTON BEAC			BOYNTON BEACH FL 33436							
							DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or	Qualiled			
• D== I DI	Land Projects	2. Mailing Add	Iroce			07/27/1995 4. FEI Number			pplied For	1
	lace of Business	*	2a. Mailing Address						ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt.	# etc			<u>65-0601673</u>			Additional	1
22		27	, •			5. Certifcate of Status I	Desired		equired	1
City & State		City & State	 e			6. Election Campaign F	inancing _	\$5.00	May Be	1
23		28	⊢ '			Trust Fund Contribut	- 1	v	to Fees]
Zip	Country	Zip	 			8. This corporation owe	es the current ye	ear Intangible		[
24	. 25	29	30			Personal Property Ta		☐ Yes	□No _	1
	9. Name and Address of Currer	nt Registered Agent	t		 	10. Name and Address	of New Regis	tered Agent		1
005	-ND-00 IOEL E			81	Name					
	ENBERG, JOEL E			82	Street /	Address (P.O. Box Number is N	ot Acceptable)			1
	OODS LANE					· · · · · · · · · · · · · · · · · · ·				4
BUT	NTON BEACH FL 33436			83						{
	~			84	City		**************************************	85 Zip	Code	1
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····					l	t		as of changing its	e rogietarod	1
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Flo of Florida: Such cha	rida Statutes, t	the above	e-named of the corpo	corporation submits this stateme oration's board of directors. I her	ent for the purporeby accept the	ose of changing its appointment as re	s registered egistered	
11. Pursuant office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State mfamiliar with, and accept the obliga-	02 and 607.1508, Flo of Florida-Such cha ations of, Section 607	rida Statutes, t inge was autho 7.0505, Florida	the above orized by Statutes	e-named of the corpo	corporation submits this stateme oration's board of directors. I her	ent for the purporeby accept the	ose of changing its appointment as re	s registered egistered	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
agent, I ai	Howard United	ations or, Section 607	,0505, FIUNGA	Statutes			Anriel	appointment as re	s registered egistered	
agent. I ai	Signature, typed or printed frame of registered age	oz and 607.1508, Flo of Florida-Such cha ations of, Section 607 or other if applicable.	,0505, FIUNGA	Statutes		corporation submits this stateme ration's board of directors. I her aquired when reinstating) ADDITIONS/CHANGE	Anril	2 <u>4, 1999</u>		(80)
agent, I ai	Signature, typed or printed frame of registered age	ntions of, Section 607	,0505, FIUNGA	gistered Ager		equired when reinstating)	Anril	2 <u>4, 1999</u>	ORS IN 12	(44/00)
SIGNATURE	Signature, typed or printed name of registered and	ntions of, Section 607	(NOTE: Reg	gistered Ager		equired when reinstating)	Anril	ATE AND DIRECT	ORS IN 12	04 (44 (00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age	ntions of, Section 607	(NOTE: Reg	gistered Ager 13. 1.1 TITLE 1.2 NAME		equired when reinstating)	Anril	ATE AND DIRECT	ORS IN 12	Tros (44,00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed rame of registered age OFFICERS AN D WOFSY, HOWARD 4 WOODS LANE	ntions of, Section 607	(NOTE: Reg	gistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature re	equired when reinstating)	Anril	ATE AND DIRECT	ORS IN 12	DOFF034 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed frame of registered age OFFICERS AND WOFSY, HOWARD	Allons of, Section 607	(NOTE: Reg	nstatutes 13. 1.1 TITLE 1.2 NAME	nt signature re	equired when reinstating)	Anril	ATE AND DIRECT	ORS IN 12 Addition	CD0E004 /44 (00)
Agent, I all SIGNATURE - 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered 202 OFFICERS AN D WOFSY, HOWARD 4 WOODS LANE BOYNTON BEACH FL 33436	Allons of, Section 607	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature re	equired when reinstating)	Anril	ATE RS AND DIRECT	ORS IN 12	CD2E034 (44/08)
Agent, Fail agent,	Signature, typed or printed fizime of registered 1995 OFFICERS AN D WOFSY, HOWARD 4 WOODS LANE BOYNTON BEACH FL 33436 D WOFSY, RUTH	Allons of, Section 607	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	nt signature re	equired when reinstating)	Anril	ATE RS AND DIRECT	ORS IN 12	CDOTTO94 /44/00)
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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 addless, with all other like empowered.