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

Mailing Address 10031 PINES BLVD

2a. Mailing Address

PEMBROKE PINES FL 33024

SHITE 249

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

PEMBROKE PINES FL 33024

2. Principal Place of Business

SIGNATURE:

10031 PINES BLVD



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

954 450-3802

 Date Incorporated or Qualified 02/01/1996

FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010406 (2)

WARREN O. WOOD, INC.

65-0643472 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζιρ Country 6. This corporation owes or has paid the current year Interfgible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent STUCKE, ED A JR 81 Name 911 S.W. 74TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33144-4525 83 84 City 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. registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change STUCKE, ED A JR SHAWN C. WOOD NAME 1.2 NAME 5722 S. FLAMINGO ROAD, SUITE 155 STREET ADORESS 1.3 STREET ADDRESS **COOPER CITY FL 33330-3206** CITY - ST - 7IP 1.4 City-St-ZiP <u> 3028</u> Addition TITLE 2.1 TITLE MORRIS, VALRIE FAY NAME 2.2 NAME 9621 SW 77TH AVE #103-B 911 500 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 4.1 TITLE VALRIE FAY MONRIS NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 103-B CITY - ST - ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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.

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