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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000022799 (6)

1. Corporation Name  
THE WOODMAR GROUP, INC.



Principal Place of Business  
5722 SOUTH FLAMINGO ROAD, SUITE 209  
FORT LAUDERDALE FL 33330

Mailing Address  
5722 SOUTH FLAMINGO ROAD, SUITE 209  
FORT LAUDERDALE FL 33330-3206

3. Date Incorporated or Qualified  
03/13/1996

3a. Date of Last Report

4. FEI Number

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 5722 S Flamingo Rd  
Suite, Apt. #, etc.  
22 # 209  
City & State  
23 Ft Lauderdale, FL  
Zip  
24 33330

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent  
AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WOODRUFF, JERRY	1.2 NAME	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD, SUITE 209	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MARTIN, PERRY	2.2 NAME	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD, SUITE 209	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	PEREZ, JOSE	3.2 NAME	
STREET ADDRESS	5722 SOUTH FLAMINGO ROAD, SUITE 209	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ DATE: 4/21/97 DAYTIME PHONE: 5846108

CR2E034 (9/96)