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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

P96000034836 (2)

WOODFORD, INC.

Principal Place of Business Mailing Address					I Indicate the sector of the sector of the	BB188 (6(1) 6588) 18588 (11) 6 610 1881	
1085 TAMARIND WAY SW 1085 TAMARIND WAY SW BOCA RATON FL 33486 BOCA RATON FL 33486					DO NOT WRITE IN	N THIS SPACE	
						3. Date Incorporated or Qualified	
		· •				04/18/1996	
	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				65-0684368	Not Applicable
Suite, Apt.		Suite, Apt	#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State)			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	7ip	30	Country		This corporation owes or has paid Personal Property Tax due June 30	
24	9. Name and Address of Curren	• 4 a.a		'i 		10. Name and Address of New Regis	
DC				B1	Name	10.	
DE	WEES, LEDYARD H	N 21 206 C	T				
1005 FAMARING WAY-SW 270 N.W. 3.14 Count					Street Addr	ess (P.O. Box Number is Not Acceptable)
BO	CA RATON FL 3343	2		83	210 N	1, w, 3 15 Court	
Į				100			
				84	City Q.	· Pak.	85 Zip Code
44 0	d Cartie - 507 000	2 - 4 co7 4co0 fts	de Ctatata	100	Box 1		FL 33432
office or r	io the provisions of Sections 607.0507 eg iste red agont, or both, in the State	z and 607.1508, Flo of Florida. Such cha	rida Statutes, Inge was auth	tne abovi orized by	e-named corp the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept to	pose of changing its registered the appointment as registered
agent. La	m 'fam iliar with, and accept the obliga	itions of, Section 60	7. 0 505, Florid	a Statute	· ,	,	
SIGNATURE							
	Signature, typed or printed name of registered agos		(NOTE Re		nt a gnature requir	ed when reinstating)	DATE
12.	OFFICERS AND	A CONTRACT OF A CONTRACT OF	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
	PD PENECO LEDVADO LI			1.1 TITLE			Change Addition
NAME	DEWEES, LEDYARD H	10 N.W. 30	CounT	1.2 NAME			
STREET ADDRESS				1.3 \$18EET			
CITY-ST-ZIP	BOCA RATON FL 3343		NECEST	1.4 CITY-S	T - ZIP		
TITLE		<u>.</u>	DELETE	2.1 TITLE			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				2. 4 CITY - 5	ST - 2/P		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3 2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP		· · <u></u> -		3.4. CITY-3	51 - ZIP		
TITLE			DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREE1	ADDRESS		
CITY-ST-ZIP				4.4 Cily - S	T-ZIP		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5 2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - S			
TITLE			DELETE	61 TITLE			Change Addition
NAME				6.2 NAME			•

6 3 STREET ADDRESS

6.4 CITY-ST-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 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 this 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. o) on an attachment with an address.

FILED

May 18 1998 8:00am

Secretary of State

a andrellar fild færiæ derre derre nærir bører bører børet filter bradt i leder filter brita beke filder