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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

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Jan 22 1997 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000056098 (2)

WOODBRIDGE ASSOCIATES, INC.

| Principal Piace of Business Mailing Addre |  | Mailing Address               | ******                              |   |  |
|---|--|-------------------------------|-------------------------------------|---|--|
| 8512 WOODWICK COURT                       |  | 8512 WOODWICK COURT           |                                     |   |  |
| TAMPA FL 336                              | i15  | TAMPA FL 33615-2022           |                                     |   |  |
|   |  |                               |                                     | 3. Date Incorporated or Qualified 07/02/1996  | 3a. Date of Last Report  |
| 2. Principal F                            | Place of Business  | 2a. Mailing Address           |                                     | 4. FEI Number   | Applied For  |
| 21  |  | 26                            |                                     | 65-0678875  | Not Applicable   |
| Suite, Apt. #, etc.                       |  | Suite, Apt. #, etc.           |                                     | 5. Certificate of Status Desired  | 58.75 Additional   |
| 22  |  | 27                            |                                     |   | Fee Required   |
| City & Stat<br>23                         |  | City & State                  |                                     | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be Added to Fees  |
| Ζφ<br><b>24</b>                           | Country [25]   | Z <sub>I</sub> p              | Country<br>30                       | This corporation has liability for in<br>Florida Statutes   | njangible tax under s. 199.032,<br>Yes No                          |
|   | 9. Name and Address of Curre   | int Registered Agent          |                                     | 10. Name and Address of New Reg   |  |
|   | ERILAWYER CHARTERED  |                               | 81 Name                             |   |  |
|   | ALMERIA AVENUE   |                               | 82 Street Add                       | dress (P.O. Box Number is Not Acceptable  | le)  |
| COR                                       | RAL GABLES FL 33134  |                               |                                     | ,   |  |
|   |  |                               | 83                                  | HERBERT C. HORN   |  |
|   |  |                               | B4 City                             | 8512 WOODWICK CT.<br>TAMPA, FL 33615-2022   | 85 Zip Code  |
| 44 Durenant                               | to tax agraticions of Spetiana CO7.05  | 00 - md 007 4500 Florido Stot | the share named as                  | 741 E 03010-2022  | FL "   |
| Onice or i                                | to the provisions of Sections 607.05<br>reg stered agent, or both, in the Stati<br>am familiar with, and accept the obt∢ | ia at Harida. Such change was | s authorized by the cornors         | rporation submits this statement for the pu<br>ation's board of directors. I hereby accep   | urpose of changing its registered<br>the appointment as registered |
| SIGNATURE                                 |  |                               | Hackey                              | Ham PRES.   | 1/10/97  |
|   | Signature, type dior printed numeral registried as   |                               | OTF Registered Agent signature requ | uired when reinstaling)   | DATE   |
| 12.                                       | OFFICERS AN  | ND DIRECTORS  DELETE          | 13.                                 | ADDITIONS/CHANGES TO OFFIC  |  |
| NAME                                      | HORN, HERBERT C  | L. Diction                    | 1.1 TITLE                           |   | Change Addition  |
| STREET ADDRESS                            | 8512 WOODWICK COURT  | ·                             | 1.2 NAME                            |   |  |
| C-TY - ST - ZiP                           | TAMPA FL 33615   |                               | 1.3 STREET ADDRESS                  |   |  |
| TITLE                                     | ST   | DELETE                        | 1.4 CITY - ST- ZIP<br>2.1 TITLE     | 7.0178.015.01.01.01.01.01.01.01.01.01.01.01.01.01.  | Change Addition  |
| NAME                                      | HORN, CAROL J  |                               | 2.2 NAME                            | a a   | Country Marition   |
| STREET ADDRESS                            | 8512 WOODWICK COURT  |                               | 2 3 STREET ADDRESS                  |   |  |
| CITY - ST - ZIP                           | TAMPA FL 33615   |                               | 2 4 CITY-ST-ZIP                     |   |  |
| TITLE                                     |  | DELETE                        | 3 1 TITLE                           |   | Change Addition  |
| NAME                                      |  |                               | 3 2 NAME                            |   |  |
| STREET ADDRESS                            |  |                               | 3 3 STREET ADDRESS                  |   |  |
| CITY - ST - 7IP                           |  |                               | 3.4. CITY+ST-ZIP                    |   |  |
| FITLE                                     | 1  | DELETE                        | 4.1 TITLE                           |   | Change Addition  |
| NAME                                      |  |                               | 4 2 NAME                            |   |  |
| STREET ADDRESS                            |  |                               | 4 3 STREET ADDRESS                  |   |  |
| CITY-ST-ZIP                               |  |                               | 4.4 CiTY - ST - ZIP                 |   | · · · <u>- · · · · · · · · · · · · · · · ·</u>                     |
| TITLE                                     |  | DELETE                        | 51 TITLE                            |   | Change Addition  |
| NAME                                      |  |                               | 5.2 NAME                            |   |  |
| STREET ADDRESS                            |  |                               | 5.3 STREET ADDRESS                  |   |  |
| CITY-SI-7IP                               |  | T printe                      | 5 4 CITY - ST - ZIP                 |   |  |
| TITLE                                     |  | L) DELETE                     | 6.1 TITLE                           |   | Change Addition  |
| NAME.                                     |  |                               | 6 2 NAME                            |   |  |
| STREET ADDRESS                            |  |                               | 6.3 STREET ADDRESS                  |   |  |
| CITY-SI-7iP                               | b. postfulhot the efemation  | and the second of the second  | 6.4 CITY-ST-ZIP                     |   |  |
| Inionna:io                                | on indicaled on this annual rebori or  | suppremental annual report is | s true and accurate and tha         | ed in Section 119.07(3)(i), Florida Statutes<br>at my signature shall have the same legal<br>ort as required by Chapter 607, Florida St | offeet on if made under each, that                                 |

HEKBERT & HOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR