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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000083518

WOODLAND MANOR ENTERPRISES, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90039 026 \*\*\*150.00



Principal Plac	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
17 SW OSCEOLA ST. 963 NW 12TH TERRACE STUART FL 34994 STUART FL 34994						·		٠
,					DO NOT WRITE IN	THIS SPACE		ר
					3. Date Incorporated or Qualifed			
		10-14-77			10/07/1996			4
ם לכ	Place of Business S.W. Osceola Street	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For	15
		Suite, Apt. #, etc.			65-0705076		ot Applicable	- 15 - 15
Suite, Apt.	#, etc.	27			5. Certifcate of Status Desired	•	Additional equired	▋ .
City & State  Stuart, FL		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Cou	itry	8. This corporation owes the current ye	ear Intangible		1
Zip 3499	14 <b>[25]</b> U.S.A.	29	30		Personal Property Tax	₩ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent		
				81 Name				
	IL, Z.A.M. N.W. 12TH TERRACE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)			
	ART FL 34994		ļ		A TOP CONTRACTOR OF THE PROPERTY OF THE PROPER	HARMAN MARKET TOOLS	18 12 4041 2411 2412	4
	AIII I E 04004			83				-
				84 City		FL 85 Zip	Code"	
office or r	registered agent, or both, in the State o	f Florida. Such change was aut	thorized	by the corporati	poration submits this statement for the purpoion's board of directors. I hereby accept the	ose of changing its appointment as re	s registered egistered	1
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statu	tes.	•			
SIGNATURE					1/1	3/99		ł
	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		V1-4		-1	TE		۱ <u>-</u>
12.	Signature, typed or printed name of registered agent OFFICERS AND		· -	kgent signature requir	ed when reinstating) A S S S S S S S S S S S S S S S S S S	ATE	ORS IN 12	8
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ATE	ORS IN 12	11/98)
TITLE	OFFICERS AND	DIRECTORS	13.	E	ed when reinstating) A S S S S S S S S S S S S S S S S S S	RS AND DIRECTO		11
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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 address, with all other like empowered.

SIGNATURE:

Zelia M. Paul

1/13/99

(561) 220-2577

Date

Daytime Phone #