FILE NOW: FILING FEE AFTER MAY 1S,T IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



1 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jul 14 1998 8:00am

A LANGUAGO NA MARAK BRINI DANIA BANDI ABADI BANDIR BARBAR RIDIO DINDU RIDIR DINK ROBE

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P960 THE WOUDO CORPORATION P96000093516 (8)

1									
Principal Place of Business Mailing Address						1 iantifitt ien entet meit Chiet Mit	11 estil 60110 16166 11161 51161	tem im matt sindt	
54 BATH ST	M LE Gallais Chambers St. Heuer Annel Islands Je48y-d	P.O. BOX 621 LE GALLAIS CHAMBERS 54 BATH 8T ST. HELIER JERSEY. CHANNEL ISLANDS JE48Y-D UK				DO NOT WE 3. Date Incorporated or Qualific	DO NOT WRITE IN THIS SPACE		
						11/14/1996	10		
2. Principal F	Place of Business	2a. Mailing /	Address					Applied For	
21		26				APPLIED FOR 65		Not Applicable	
Suite, Apt.	. #, etc.	~~~	ot. #, etc.				60 75	Additional	
22		27				Certificate of Status Desired		Required	
City & State City & State			alo			6. Election Campaign Financing	\$5.0	O May Be	
23		28				Trust Fund Contribution		d to Fees	
Zip	Country Zip		-	Country		8. This corporation owes or has		`	
24	25 29 30 30 9. Name and Address of Current Registered Agent			10		Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent			
- 01		nt Registered Age	ent	81	Name	10. Name and Address of New	Registered Agent		
	UNDERSON, THOMAS H			["	Ivanie				
1715 MONROE STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
FL	ORT MYERS FL 33901			83	-				
				00]				
				84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 1508, F	Iorida Statutes	the abov	L e-named	corporation submits this statement for th		its registered	
office or o	registered agent, or both in the State	e of Florida, Such o	change was au	thorized by	the corp	corporation submits this statement for the poralion's board of directors. I hereby ac	cept the appointment a	is registered	
SIGNATURE	MA	w.c	// Kx	NK				}	
		ent and title if applicable			ni signature	required whon reinstating}	DATE		
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
TITLE	D D	L] DELETE	1.1 TITLE		D/P	XJ Change	Addition	
NAME	BRINK, W.C.J.			1.2 NAME					
STREET ADDRESS	54 BATH ST., ST. HELIER	LEADY D		1.3 STREET	1				
CITY-ST-ZIP	JERSEY, CHANNEL ISLANDS SD		1 DECEME	1.4 CITY - S	T-ZIP	D / G / ID	- 19 P		
TITLE	BRINK, DOROTHY	L.] DELETE	2.1 TITLE		D/S/T	X Change	Addition [
NAME	54 BATH ST., ST. HELIER			2.2 NAME					
STREET ADDRESS	JERSEY, CHANNEL ISLANDS	NEADV.D		2.3 STREET					
CITY-ST-ZIP TITLE	D		DELETE	2.4 CITY-: 3.1 TITLE	ST - ZIP		Change	Addition	
NAME	WATER, DAVID	L _	_ >	3.2 NAME	f	WATERS, DAVID	it night	C) Addition	
STREET ADDRESS	54 BATH ST., ST. HELIER			3.3 STREET				ľ	
CITY-ST-ZIP	JERSEY, CHANNEL ISLANDS	S JE48Y-D		3.4. CITY - 3					
TITLE			DELETE	4.1 THILE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S				i	
TITLE		<u></u>	DELETE	5 1 TITLE		**************************************	☐ Change	Addition	
NAME				52 NAME	İ		-: *	_ \	
STREET ADDRESS				5.3 STREET	ADDRESS			W. X	
CITY-ST-ZIP				5.4 CITY-S	1			1/1/	
TITLE			DELETE	6.1 TITL€			Change	Ingribbly RV	
NAME				6.2 NAME		30000251 -07/14/98010	38963	\ ``	
STREET ADDRESS				6.3 STREET	ADDRESS	-07/14/98010	J 9:3 0 45		

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 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 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 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 in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the informati

6.4 CITY - ST- ZIP

***150.00