**FILED** 

Apr 26, 1999 8:00 am Secretary of State

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## ·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 # P9600093516

1. Corporation Name

THE WOUDO CORPORATION

Principal Place	of Business	Mailing Address						110011001110				
P.O. BOX 621 LE GALLAIS CHAMBERS 54 BATH ST., ST. HELIER JERSEY. CHANNEL ISLANDS JE48Y-D UK		P.O. BOX 621 LE GALLAIS CHAMBERS 54 BATH ST., ST. HELIER JERSEY. CHANNEL ISLANDS JE48Y-D UK				DO NOT WRITE IN THIS SPACE						
					3	3. Date Incorporated or Qualifed 11/14/1996						
<del>-</del>	ace of Business	2a. Mailing Address				4		Number -()839712		$\vdash$	— <u> </u>	ed For Applicable
Suite, Apt. I	# aic	Suite, Apt. #, etc.			$\overline{}$				\$8.7		ditional	
22	<b>, o</b> .c.	27			5	<b>5.</b> Ce	rtifcate of Status Desired		¥	Requ		
City & State	<del></del>	City & State			- 6	6. Ele	ection Campaign Financing		\$5.0	00 м	ay Be	
23		28				Tru	ust Fund Contribution		Add	ed to	Fees	
Zip	Country Zip		Country			8		is corporation owes the cu	rrent year Int		-	1
24	25	29	30					rsonal Property Tax.	D1-4	Yes		No.
	9. Name and Address of Current	t Registered Agent		81	Name		0. Na	ime and Address of New	Registered	Agent		
/2LIM	DERSON, THOMAS H				Name							
	MONROE STREET			82	Street	Address	(P.O.	Box Number is Not Accep	table)			
	MYERS FL 33901		ŀ	83								
1 0111	W. 2.10 / 2 0000 1			"								
				84	City				FL	85 Z	Zip Co	de
44 Pursuant 1	to the provisions of Sections 607.0502	and 607 1508. Florida Statu	tes, the at	ove	-named	corporati	tion su	binits this statement for the	e purpose of	changing	its re	gistered
office or re	adistered agent or both in the State o	of Florida. Such change was a	autnorizea	DV I	he corpo	oration's	board	of directors. I hereby according	ept the appoi	ntment as	s regis	stered
	n familiar with, and accept the obligat	ions of, Section 607.0505, Fit	mua Statt	nes.								
SIGNATURE	Signature, typed or printed name of registered again	t and title if applicable (NOT)	E: Registered	Ageni	signature r	equired whe	en reinsta	ating)	DATE		_ :-	
12.	OFFICERS AN		13.				ADD	DITIONS/CHANGES TO O	FFICERS AN			
TITLE	DP	☐ DELETE	1.1 TIT	LΕ						☐ Chan	nge	Addition
NAME	BRINK, W.C.J.		1.2 NA	ME								
STREET ADDRESS	54 BATH ST., ST. HELIER		1.3 ST	REET	ADDRESS							
CITY-ST-ZIF	JERSEY, CHANNEL ISLANDS J		1.4 Cl	ry-st	-ZIP							CIALISE :
TITLE	DST	☐ DELETE	2.1 TFI	lE.						☐ Char	nge	☐ Addition
NAME	BRINK, DOROTHY		2.2 NA	ME								
STREET ADD RESS	54 BATH ST., ST. HELIER		2.3 ST	REET	ADDRESS							
CITY-ST-ZIF	JERSEY, CHANNEL ISLANDS J	E48Y-D	2. 4 CI	TY-S	T-ZIP							=3 . (10)
TITLE	D	☐ DELETE	3.1 TIT	LE		l I				☐ Char	1ge	Addition
NAME	WATERS, DAVID		3.2 NA	ME								
STREET ADDRESS	54 BATH ST., ST. HELIER		3.3 ST	REET	ADDRESS	i						
CITY-ST-ZIF	JERSEY, CHANNEL ISLANDS J		3.4. CI	TY-S	T-ZIP							
TITLE		☐ DELETE	4.1 TIT	ILE						Char	nge	Addition
NAME			4. 2 N	AME								
STREET ADDIRESS			4.3 ST	REET	ADDRESS							
CITY-ST-ZIF			4.4 CI	TY-ST	- ZIP							T A LEV
TITLE		☐ DELETE	5.1 TF							☐ Char	nge	Addition
NAME			5.2 N/									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIF			5.4 CI		r-ZIP							
TITLE		☐ DELETE	6.1 TF			1				☐ Cha	nge	Addition
NAME			6.2 N	ME								
STREET ADDRESS			6.3 ST	REET	ADDRESS							

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. I heraby 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 tripe 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 of 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 attachment with an attachment with an attachment.