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FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100331 (3)

1. Corporation Name

WHITEWOOD GROUP INC.

Principal Place of Business

Mailing Address

451 SOUTH WEST 113TH WAY
PEMBROKE PINES FL 33026

451 SOUTH WEST 113TH WAY
PEMBROKE PINES FL 33025-3437



3. Date Incorporated or Qualified

12/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 14920 SW 70 Place

Suite, Apt. #, etc.

22

City & State

23 Davie, FL

Zip

24 33331

Country

25 USA

2a. Mailing Address

26 11522 State Road 84

Suite, Apt. #, etc.

27 218

City & State

28 Davie, FL

Zip

29 33325

Country

30 USA

4. FEI Number

65-0746468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ROSS, JUDITH D
451 SOUTH WEST 113TH WAY
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name

Judith D. Ross

82 Street Address (P.O. Box Number is Not Acceptable)

14920 SW 70 Place

83

84 City

Davie

FL

85 Zip Code
33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Judith D. Ross		
1.3 STREET ADDRESS	14920 SW 70 Place		
1.4 CITY - ST - ZIP	Davie, FL 33331		
2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Judith Parker		
2.3 STREET ADDRESS	14431 SW 69 Street		
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33330		
3.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Dianne K. Head		
3.3 STREET ADDRESS	1145 SW 112 Way		
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33325		
4.1 TITLE	Secretary/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Heidi K. Cavicchia		
4.3 STREET ADDRESS	7774 SW 42 Place		
4.4 CITY - ST - ZIP	Davie, FL 33328		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001927

CR2E034 (9/96)