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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000100331	(3)
L. Cornovation Name		<b>\</b>

WHITEWOOD GROUP INC.

Principal Place of Business

Mailing Address

## **FILED** May 09 1997 8:00am Secretary of State



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. Di	ate of Last R	eport
2. Principal Plac		2a. Mailing Address	<del></del>		4. FEI Number	<del></del>	A	plied For
	SW 70 Place	26 11522 Stat	e Road 84	+	65-0746468		<del></del>	t Applicable
Suite, Apt. #	etc.	Suite Apt. #, etc. 218	·		6. Certificate of Status Desired		•	Additional equired
City & State  Davie, FL		City & State Davie, FL		***************************************	6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to			
7φ 4 33331	Country  25 USA	21p 233325	Country 30 USA	·	1	Yes [	□ No	. 199.032,
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	glatered	Agent	
	, JUDITH D			Judi	th D. Ross			
	Outh West 113th Way Roke Pines FL 33026		62	Street Addres	ss (P.O. Box Number is Not Acceptat 0 SW 70 Place	ole)		
remor	HONE PRIES PE SSUEU		83	4776	O DN TO TEACO	<del></del>	~ <del></del>	,
			84	City Davie	e	FL	85 Zig	3331
11. Pursuant to office or reg agent. I am	the provisions of Sections 607.056 gistered agent, or both, in the State familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change wa pations of, Section 607.0505,	ules, the above-r s authorized by the Florida Statutes.	named corpo he corporatio	oration submits this statement for the pon's board of directors. I hereby acce	ourpose o pt the app	of changing in cointment as	ts registered registered
CIONIATUTOR (	. Westing	casale				DATE		
aignature _	ton state beautiful and close of pagestaged an	and total and total and treating the	OTF: Registered Agent	skinatute required	d when reinstation)			
St	Ignature, typed a cried name of registered ag OFFICERS AN	ent and trie if applicable. (N ID DIRECTORS	OTE: Registered Agent:	signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICE		D DIRECTOR	RS IN 12
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