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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000100331 (3)

1. Corporation Name

WHITEWOOD ASSOCIATES, INC.

Principal Place of Business

14920 SW PALCE  
DAVE FL 33331  
US

Mailing Address

11522 STATE RD 84  
218  
DAVE FL 33325  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1996

4. FEI Number

65-0746468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSS, JUDITH D  
14920 SW 70 PLACE  
DAVE FL 33331

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROSS, JUDITH D  
STREET ADDRESS 14920 SW 70 PALCE  
CITY-ST-ZIP DAVE FL

TITLE VD  
NAME PARKER, JUDITH  
STREET ADDRESS 14431 SW 69 STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD  
NAME HEAD, DIANNA K  
STREET ADDRESS 1145 SW 112 WAY  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD  
NAME CAVICCHIA, HEIDI K  
STREET ADDRESS 7774 SW 42 PALCE  
CITY-ST-ZIP DAVE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD  
1.2 NAME Dianne K. Head  
1.3 STREET ADDRESS 1145 SW 112 way  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33325

2.1 TITLE SD  
2.2 NAME CAVICCHIA, Heidi K  
2.3 STREET ADDRESS 7173 Orange Drive  
2.4 CITY-ST-ZIP Davie, FL 33314

3.1 TITLE VD  
3.2 NAME CAVICCHIA, Roxane  
3.3 STREET ADDRESS 6201 Taft Street, #2  
3.4 CITY-ST-ZIP Hollywood, FL 33024

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE

Dianne K. Head 11-16-98 954-11343301

CR2E034 (10/97)