FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P96000101733 (9)

2a. Mailing Address

Clty & State

Suite, Apt. #, etc.

WOODBURN ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
19886 DINNER KEY DR BOCA RATON FL 33498	19886 DINNER KEY DR BOCA RATON FL 33498	

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FILED Jan 20 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

198 5614824360

Not Applicable

 Date Incorporated or Qualified 12/12/1996

58-2272871

5. Certificate of Status Desired

Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Country 8. This corporation owes or has paid the current year intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOODBURN, JOHN C 19886 DINNER KEY DR 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 84 City 85 Zip Code FL 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) ĎATE 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE NAME WOODBURN, JOHN C 1.2 NAME 19886 DINNER KEY DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** 1,4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE WOODBURN, JENNIFER NAME 22 NAME 19886 DINNER KEY DR 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP 2, 4 CITY - ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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.