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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000064516 (2)

DANIEL W. WOOD, INC.

## **FILED** Feb 11 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 4350 WEST SUNRISE BLVD. #100-D 4350 WEST SUNRISE BLVD. #100-D FORT LAUDERDALE FL 33313 FORT LAUDERDALE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-077641 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NICHOLAS, MARIA 4350 WEST SUNRISE BLVD. #100-D Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33313 83 R4 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Specific printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE \_\_ Change WOOD, DANIEL W NAME 1.2 NAME 4350 WEST SUNRISE BLVD. #100-D STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33313 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELFTE 3.1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TiTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP \_\_ DELETE TITLE Change 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE Change 61 TITLE Addition NAME 62 NAME STREET ADDRESS 63 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 fusite enurowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE