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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700064516

1. Corporation Name

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90001 031 ***150.00

DANIEL	W. WOOD, INC.								
Principal Plac	ce of Business	Mailing Address				, BANIN EBUU BBUN BBN	A BENN BINNE NAME	1884 6 Bill (88)	
•	JNRISE BLVD. #100-D	4350 WEST SUNRISE BLVD	0-m1# (
FORT LAUDERDALE FL 33313 FORT LAUDERDALE FL 333									
						DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	ualifed			
					07/25/1997				
2. Principal Place of Business 2a. Mailing Addre		⊢			4, FEI Number	•		plied For	1.5
21		26			65-0776413		<u></u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Des	sired 🗌	\$8.75		1
22 City & State		27 City & Stote					Fee Re	•	1
— ·	ie	City & State			6. Election Campaign Fina	- 11	\$5.00	•	
Zip	Country	Zip Country		trv	Trust Fund Contribution		Added :	io rees	ł
24	25	 	30	,	This corporation owes the Personal Property Tax.	ne current year ir	⊓tangible □Yes	□No	
	9. Name and Address of Current				10. Name and Address of	New Registered			1
	15 J & 8 8 15			31 Name					1
	HOLAS, MARIA		L	20 04	No. 10 C. Davidson in No.			· · · · · · · · · · · · · · · · · · ·	1
4350 WEST SUNRISE BLVD. #100-D			['	Street A	Address (P.O. Box Number is Not Acceptable)		• • • • • •		1
FOR	RT LAUDERDALE FL 33313		1	33	الله الله الله الله الله الله الله الله	12111111111111		1948 11 : 12	
			L			24 OF COMMEN			
			1,	City		FI	85 Zip (Code	
<u> </u>					The second secon		-		
office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was au	uthorized l	by the corpor	corporation submits this statement tration's board of directors. I hereby	for the purpose of accept the appo	of changing its printment as re	registered gistered	
office or i	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flor	uthorized I rida Statut	by the corpo	corporation submits this statement tration's board of directors. I hereby quired when reinstating)	for the purpose of accept the appo	of changing its bintment as re	registered gistered	
office or agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Floriand title if applicable. (NOTE:	uthorized I rida Statut	by the corpo	ration's board of directors. I hereby	accept the appo	ointment as re	gistered	100
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	of Florida. Such change was autions of, Section 607.0505, Floriand title if applicable. (NOTE:	uthorized I rida Statut Registered A	by the corpores.	ration's board of directors. I hereby	accept the appo	ointment as re	gistered	(44,100)
office or agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND WOOD, DANIEL W	of Florida. Such change was autions of, Section 607.0505, Floriand title if applicable. O DIRECTORS	uthorized I rida Statut Registered A	es. gent signature re	ration's board of directors. I hereby quired when reinstating);	accept the appo	ointment as re	gistered	04.77.000
office or agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligati	of Florida. Such change was autions of, Section 607.0505, Floriand title if applicable. O DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	es. gent signature re	ration's board of directors. I hereby quired when reinstating);	accept the appo	ointment as re	gistered	1001,777,7601
office or agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND WOOD, DANIEL W	of Florida. Such change was autions of, Section 607.0505, Floriand title if applicable. O DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	py the corpores. gent signature recent to the corpores. E E E E E E E T ADDRESS	ration's board of directors. I hereby quired when reinstating);	accept the appo	ointment as re	gistered	000,777,760,000
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligati	of Florida. Such change was autions of, Section 607.0505, Floriand title if applicable. O DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	py the corpoles. gent signature received the corpoles. E E E E ET ADDRESS -ST-ZIP	ration's board of directors. I hereby quired when reinstating);	accept the appo	ointment as re	gistered	(00,77) F001000
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the obligati	of Florida. Such change was at ions of, Section 607.0505, Floriand title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	py the corpoles. gent signature received the corpoles and corpoles. E E E E E E E T T T T T T	ration's board of directors. I hereby quired when reinstating);	accept the appo	ND DIRECTO ☐ Change	gisiered RS IN 12 Addition	(00,77) 7 601000
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Floriand title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITLI 2.2 NAM	py the corpoles. gent signature received the corpoles and corpoles. E E E E E E E T T T T T T	ration's board of directors. I hereby quired when reinstating);	accept the appo	ND DIRECTO ☐ Change	gisiered RS IN 12 Addition	(00/27) 100H0H0
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	pent signature received and signature receive	ration's board of directors. I hereby quired when reinstating);	accept the appo	ND DIRECTO Change	RS IN 12 Addition	100,777,700,000
office or i agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Floriand title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 12 NAM 1.3 STR: 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI	pent signature received and signature receive	ration's board of directors. I hereby quired when reinstating);	accept the appo	ND DIRECTO ☐ Change	gisiered RS IN 12 Addition	100,777 700,000
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	py the corpoles. gent signature received the corpoles. E E E E E E E E E E E E E E E E E E	ration's board of directors. I hereby quired when reinstating);	accept the appo	ND DIRECTO Change	RS IN 12 Addition	COULTY FOOLIGING
office or i agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 3.1 TITL 32 NAM	py the corpoles. gent signature received the corpoles. E E E E E E E E E E E E E E E E E E	ration's board of directors. I hereby quired when reinstating);	accept the appo	ND DIRECTO Change	RS IN 12 Addition	2001010
Office or agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Floriand title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2. 4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY 3.5 CITY 3.5 CITY 3.7 CITY	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO Change Change	RS IN 12 Addition Addition	200,777 72010000
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STRI 2.1 TITL 22 NAM 2.3 STRI 2.4 CIT 3.1 TITL 32 NAM 33 STRI 33 STRI	pent signature received and signature receive	ration's board of directors. I hereby quired when reinstating);	DATE TO OFFICERS A	ND DIRECTO Change	RS IN 12 Addition Addition	CONTENT LEGITORIO
Office or agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of superior of printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Floriand title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2. 4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY 3.5 CITY 3.5 CITY 3.7 CITY	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO Change Change	RS IN 12 Addition Addition	CONTRACTOR OF
Office or agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	of Florida. Such change was at ions of, Section 607.0505, Floriand title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO Change Change	RS IN 12 Addition Addition	COULTY FOOTION
office or agent. I a signature I agent. I a agent. I agen	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	of Florida. Such change was at ions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.1 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CIT 4.4 C	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition Addition Addition Addition	100000
office or agent. I a agent. I a agent. I a signature 12. 117. NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	of Florida. Such change was at ions of, Section 607.0505, Floriand title if applicable. (NOTE: D DIRECTORS DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STRI 2.1 TITL 22 NAM 2.3 STRI 2.4 CIT 3.1 TITL 32 NAM 3.3 STRI 4.1 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.2 TITL 5.1	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO Change Change	RS IN 12 Addition Addition	100,777 FOOLIOGO
office or I agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of segments. Signature, typed or printed name of registered agent OFFICERS AND WOOD, DANIEL W 4350 WEST SUNRISE BLVD. #1 FORT LAUDERDALE FL 33313	of Florida. Such change was at ions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STR: 2.1 TITL 22 NAM 2.3 STRI 2.4 CIT 3.1 TITL 32 NAM 3.3 STRI 4.4 CIT 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CIT 5.1 TITLE 5.2 NAM	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition Addition Addition Addition	
office or I agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	of Florida. Such change was at ions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STR: 2.1 TITL 22 NAM 2.3 STR: 3.4 CIT 3.1 TITL 3.2 NAM 3.3 STR: 4.4 CITY 4.1 TITL 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition Addition Addition Addition Addition	Section Control Contro
office or agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	of Florida. Such change was at ions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STR: 2.1 TITL 22 NAM 2.3 STRI 2.4 CIT 3.1 TITL 32 NAM 3.3 STRI 4.2 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 5.3 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.5 STRI 5.4 CITY 5.4 CITY 5.5 STRI 5.5 CITY 5.4 CITY 5.5 STRI 5.4 CITY 5.5 CITY 5.5 STRI 5.4 CITY 5.5	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition	South Feedbood
Office or agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	of Florida. Such change was at ions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITL 12 NAM 1.3 STR: 2.1 TITL 22 NAM 2.3 STRI 3.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 4.4 CITY 4.1 TITL 5.2 NAM 4.3 STRI 5.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 6.1 TITL 6	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition Addition Addition Addition Addition	Society regulation
office or agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	of Florida. Such change was at ions of, Section 607.0505, Floriend title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Title Part Part	pent signature received and signature receive	quired when reinstating); ADDITIONS/CHANGES 1	DATE TO OFFICERS A	ND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition	Section 1

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, with all other like empowered.

PAHIEL W. WOOD