FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

IMENIT # COOM

DOCUN 1. Corporation	MENT # \$2301	9 (0)					
•	WOOD AUTO CAMPUS, IN	c.				A PRE AIRI AIRI AIRI AIRI	NITH BIÐIR 1882
					: : : : : : : : : : : : : : : : : :		
Principal Place	of Business	Mailing Address					
102 NOCOSSA CR P O BOX 1273 JUPITER FL 33468-8273		102 NOCOSSA CR P O BOX 1273 JUPITER FL 33468-8273	P O BOX 1273		Date Incorporated or Qualified	3a. Date of Last Re	enort 1
					01/04/1991 04/13/199!		,
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21]		26			65-0237473	65-0237473 Not Applic	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required		
City & State		City & State	tara fine contra a contra cont		6. Election Campaign Financing		
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zıp	Countr	у	8. This corporation has liability for		199.032,
		29	30	Florida Statutes 🔲 Yes 🔀 No			
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New I	Registered Agent	
FDIOVO	AM DALIE D			E	ileen F. Letsch		
ERICKSON, PAUL B. 321 ROYAL POINCIANA PLAZA			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
	EACH FL 33480		83				
IALINID	EXOTTE 33400		-	··-	02 Nocossa Circl	····	·
			84	U City J	upiter	FL 85 3 3	3458
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above			rpose of changing its r	egistered office
familiar wit	to the provisions of Sections 607.0502 ed agent of Both, in the State of Floric th, and secept the obligation of, Sect	ba. Such change was authorized 607.0505, Florida Statutes.	a by the con	poration s board	d of directors. I hereby accept the app	oointment as registered	agent. I am
SIGNATURE Y	and the	box					
12.	Signature, typed or printed name of registered agent OFFICERS AN		. Flagistered Age	ent signature required	when reinstalling) ADDITIONS/CHANGES TO OFF	DATE EIGERS AND DIRECTO	RS IN 12
TITLE	P	DELETE	1 1 THE 12 NAME		ADDITIONO GIANTOCO TO OTT	Change	Addition
NAME	HOOKER, ROBERT						
STREET ADDRESS	102 NOCOSSA DR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP				
TITLE	VT	☐ DELETE	2 1 TITLE		VTS	K] Change	Addition [
NAME	LETSCH, EILEEN F		2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	JUPITER FL	NT DELETE	2.4 CITY - ST - ZIP			C) Change	C) Addition
TITLE NAME	S ERICKSON, PAUL B	[X] DEFELE	3 1 TITLE 3.2 NAME			☐ Change	Addition
STREET ADDRESS	AAT MALLEL MARILANTIN ME A			FT ADDRESS			
CITY-\$1-7IP	DALLA DELOUI EL		3.4 CITY-	l			ļ
TITLE		DELETE	4. 1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-7/P			4.4 CITY-				
TITLE		DELETE	5 171718			Change	Add-tion
NAME			5.2 NAME	1			
STREET ADDRESS			I.	T ADDRESS			
CITY-ST-7IP TITLE		DELEYE	5.4 CITY-ST-ZIP 6 1 TITLE			Change	Addition
				i		E. 5 12 19 1	
NAME			0.2 NAME	i			
NAME STREET ADDRESS			6.2 NAME 6.3 STREE	- I ADDRESS			
STREET ADDRESS CITY-ST-ZIP	y certify that the information supplied the information indicated on this arm.		6.3 STR58	FLADDRESS ST-2IP			

4. To hereby certify that the information supplied with this himg is votoritarily furnished and boes not quality for the exemption stated in Section 119.07(3)(4), Florida Statutes, 1 furner 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 it made undo eath; 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 23 if changed, or on as attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/32/96 407-144-4778

CR2E034 (12/95)