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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V24346

(1)

WOODBURN HOLDING CORP. I

FILED May 18 1998 8:00am Secretary of State



Principal Plac	e of Busines	s	Ma	iling Address					
LAS OLAS CTR 450 E LAS OLAS BLVD 900 FT. LAUDERDALE FL 33301			45 FT	LAS OLAS CTR 450 E LAS BLVD 900 FT. LAUDERDALE FL 33301				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
us				U\$				03/27/1992	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				[26]				65-0351510 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip				Zip Cou				8. This corporation owes or has paid the current year Intangible	
24		25	29		30			Personal Property Tax due June 30. Yes No	
		irrent Regist	tered Agent		81	None	10. Name and Address of New Registered Agent		
	RVITZ, WILI				81	Name			
LAS OLAS CTR						82	Street A	ddress (P.O. Box Number is Not Acceptable)	
450 E LAS OLAS BLVD 900 MIAMI FL 33301						83			
THE T	uvii 1 L 000	,,							
						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 region 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
Signature, typical or printed name of registered agent and face diapplicable (NOTE I OFFICERS AND DIRECTORS						Registored Agent signature required		equired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	OFFICERS	MIN DITE	DELETE	11 11	TLE	Т	Change Addition	
NAME		, William D.		1.21		AME.	1	الأ	
STREET ADDRESS		S CTR 450 E LA	S OLAS BL	\$ BLVD 900 1.		REFT	ADDRESS		
CITY-ST-ZIP	FT. LAUI	DERDALE FL			1.4 CI	TY - \$1	T-ZIP		
TITLE	٧			DELETE	2.1 TO	TLF		☐ Change ☐ Addition ☐	
NAME		, DAVID W				2.2 NAME			
STREET ADDRESS		AS CTR 450 E LA	S OLAS BL			2.3 STREET ADDRESS		}	
CITY-ST-ZIP	FT LAUDERDALE FL						T-ZIP	D. Charles	
TITLE	V DELETE				1	3.1 TITLE		Li Change Li Addition	
NAME CTREET ADDRESS	LUKE, DOUGLAS S ADDRESS LAS OLAS BLVD 900					3.2 NAME 3.3 Street address		Ì	
STREET ADDRESS LAS OLAS BLVD 900 City-St-Zip FT LAUDERDALE FL						3.4 CITY-S1-ZIP			
TITLE	• • • • • • • • • • • • • • • • • • •			DELETE	4.1 10		11-611	Change Addition	
NAME					4. 2 N		İ		
STREET ADDRESS							ADDRESS		
CITY-ST-2IP	-ST-2IP					4.4 CITY - ST - 7IP			
TITLE				DELETE	5.1 TITLE			Change Addition	
NAME	I				5.2 N/	AME	1		
STREET ADDRESS					5.3 STREE		ADDRESS		
CITY-ST-ZIP					5.4 CI	TY-SI	r-ZIP		
TITLE				DELETE	6.1 TI	ILE		Change Addition	
NAME					6.2 NA	ME	1		
STREET ADDRESS					6.3 ST	REET	ADDRESS		
CITY-ST-ZIP					6.4 CI				
14. I hereby o	ertify that the	e information supplie	ed with this fil	ing does not qualify to	or the exe	mpt	ion 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 the 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 trusted 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: