FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41314 (8)

1. Corporation Name
M.L. WOODS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1500 UNIVERSITY DR STE 200 CORAL SPRINGS FL 33071 US	1500 UNIVERSITY DR STE 200 CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1325 CONGRESS AVE.	26 13
Suite, Apt. #, etc. 22 107	Suite, Apt. #, etc. 27
City & State 23 BOYNTON BEACH	City & State 28
Zip 24 33426 Country 25 USA	Zip 29 Country 30

4. FEI Number: 65-0335273 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODS, MICHAEL L.
% M L WOODS
1500 UNIVERSITY DR STE 200
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: MICHAEL L. WOODS
82 Street Address (P.O. Box Number is Not Acceptable): 1325 S. CONGRESS AVE #107
83
84 City: BOYNTON BEACH FL 85 Zip Code: 33426

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: Michael L Woods 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	WOODS, MICHAEL L.	12 NAME		
STREET ADDRESS	~~3800 SANCTUARY DR.~~ 7336 WINDER CT.	13 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL SPRINGS FL~~ LAKE WORTH, FL 33467	14 CITY-ST-ZIP		
TITLE	SECY	21 TITLE		☐ Change ☐ Addition
NAME	DIANA L. WOODS	22 NAME		
STREET ADDRESS	7336 WINDER CT	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Michael L Woods 4/25/95 407-736-7000
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

011344 CP