SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUL 23 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # V50137 (1)

1. Corporation Name
DOUGLAS WOOD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
299 ALHAMBRA CIR #203 CORAL GABLES FL 33134 US	299 ALHAMBRA CIR #203 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0343713 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WOOD, DOUGLAS
1024 ASTURIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES WOOD, DOUGLAS 1024 ASTURIA AVE CORAL GABLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002250416---5 -07/29/97--01053--008 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPR JOSEPH KRAUS 1024 ASTURIA AVE CORAL GABLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002250416---5 -07/29/97--01053--009 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

1-25-98

14. I do 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.

SIGNATURE _____ DATE _____

CR2E034 (4/97)

DOUGLAS WOOD
& ASSOCIATES, INC. ▪ STRUCTURAL ENGINEERS

July 15, 1997

Florida Department of State
Division of Corporations
Annual Reports Reinstatement Section
P.O. Box 1500
Tallahassee, Florida 32302 - 1500

Reference: Annual Report

Gentlemen:

We recently received your "2nd Notice" for the 1997 Profit Corporation Annual Report. However, we previously mailed our report to you on January 3, 1997 (a copy of this previous report is attached for your reference). Our checks #2110 for $165.00 and #2112 for $8.75 were enclosed with our report (copies of our check book entries are attached for your reference). After receiving your "2nd Notice", we checked our bank records and determined that you did not cash these checks. Therefore, we are enclosing our new report form (your "2nd Notice" form) and new checks for $165.00 and $8.75.

Please call if you have any questions.

Sincerely,
Douglas Wood & Associates, Inc.

Douglas Wood
President

305 461-3450 ▪ FAX 305 461-3650
299 Alhambra Circle ▪ Suite 203 ▪ Coral Gables, Florida 33134

FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

(3)

DOCUMENT # V50137 (1)

Corporation Name
DOUGLAS WOOD & ASSOCIATES, INC.

Principal Place of Business
299 ALHAMBRA CIR
#203
CORAL GABLES FL 33134
US

Mailing Address
299 ALHAMBRA CIR
#203
CORAL GABLES FL 33134-5116
US

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 02/12/1996
4. FEI Number: 65-0343713 — 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

Principal Place of Business | 2a. Mailing Address
Suite, Apt #, etc. | 26 Suite, Apt #, etc.
City & State | 27 City & State
Zip | Country 25 | 28 Zip | 29 Country 30

9. Name and Address of Current Registered Agent
WOOD, DOUGLAS
1024 ASTURIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE

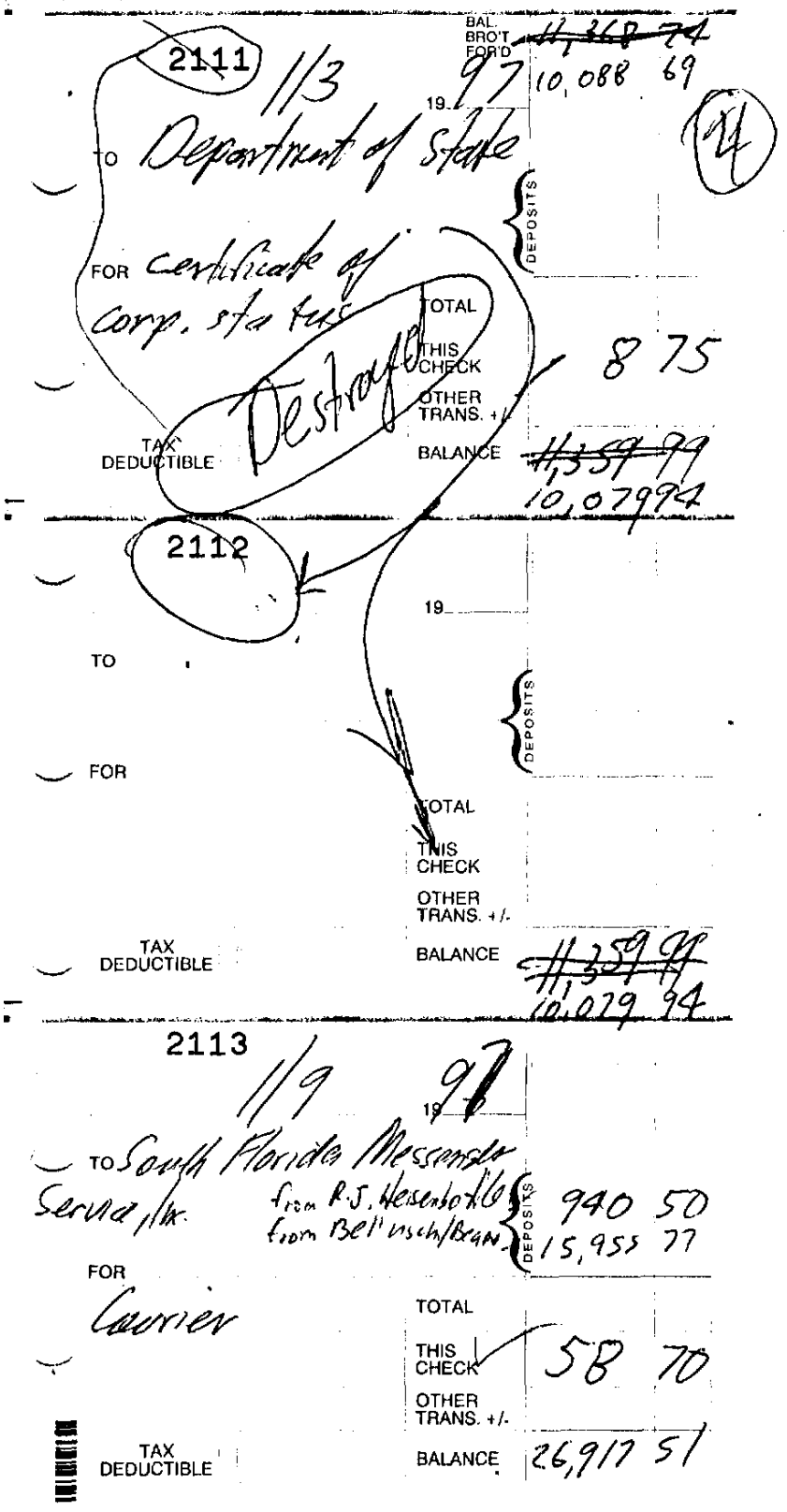
OFFICERS AND DIRECTORS

TITLE	PRES	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	WOOD, DOUGLAS		1.2 NAME
STREET ADDRESS	1024 ASTURIA AVE		1.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP
TITLE	V PR	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	JOSEPH KRAUS		2.2 NAME
STREET ADDRESS	1024 ASTURIA AVE		2.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

I do 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.

1/2/97 (305) 44[illegible]


2111
1/3
97
BAL. BRO'T FOR'D
~~11,368 74~~
10,088 69
19
TO Department of State
DEPOSITS
FOR certificate of corp. status
Destroyed
TOTAL THIS CHECK
8 75
OTHER TRANS. +/-
TAX DEDUCTIBLE
BALANCE
~~11,359 99~~
10,079 94
2112
19
TO
DEPOSITS
FOR
TOTAL THIS CHECK
OTHER TRANS. +/-
TAX DEDUCTIBLE
BALANCE
~~11,359 99~~
10,079 94
2113
1/9
97
19
TO South Florida Messenger Service, Inc.
from R.J. Heisenbottle
from Bellinschi/Bram
DEPOSITS
940 50
15,955 77
FOR
Courier
TOTAL THIS CHECK
58 70
OTHER TRANS. +/-
TAX DEDUCTIBLE
BALANCE
26,917 51

2109

1/2 19 97

TO Douglas Wood

FOR Personal Draw

1997 IRA Contribution

TAX DEDUCTIBLE

~~13,533 74~~ 12,253 69

DEPOSITS

TOTAL

THIS CHECK 2,000 00

OTHER TRANS. +/- 10,253 69

BALANCE ~~11,533 74~~

2110

1/3 19 97

TO Department of State

FOR 1997 Annual Corp. Report Filing Fee

TAX DEDUCTIBLE

DEPOSITS

TOTAL

THIS CHECK 165 00

OTHER TRANS. +/-

BALANCE ~~11,368 74~~ 10,088 69