


2-16-98 B 2079 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V53519 (7)			
1. Corporation Name LONGWOOD, INC.			
Principal Place of Business 3079 NE 163RD ST N MIAMI BEACH FL 33160 US		Mailing Address PO BOX 630817 MIAMI FL 33163 US	
2. Principal Place of Business 21 2875 NE 191 Street Suite, Apt #, etc. 22 PH I City & State 23 Aventura, FL Zip 33180 Country USA		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent PREMIER ASSET MANAGEMENT INC 2100 PARK CENTRAL BLVD N SUITE 900 POMPANO BEACH FL 33064		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 <i>[Signature]</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME AZOUT, JACK STREET ADDRESS 3802 NE 207TH ST #1502 CITY-ST-ZIP N MIAMI BEACH FL TITLE SD NAME AZOUT, GILDA STREET ADDRESS 3802 NE 207TH ST #1502 CITY-ST-ZIP N MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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. SIGNATURE: <i>[Signature]</i> 1-28-98 (305) 935-5123			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1992	
4. FEI Number 65-0359496	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (1097)