


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 24 AM 8:05

PROFIT CORPORATION ANNUAL REPORT 1998 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V65124 (2)
1. Corporation Name
MIAMI SOUTHWOOD, INC.

Principal Place of Business 8785 NW 32ND AVE. MIAMI FL 33147	Mailing Address P.O. BOX 210 CLEVELAND AL 35049-0210
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
09/21/1992

21. Principal Place of Business Suite, Apt. #, etc City & State Zip Country	26. Mailing Address Suite, Apt. #, etc City & State Zip Country
1400 NW 107 AVENUE SUITE 205 MIAMI FL 33172 USA	

4. FEI Number 05-0369382	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600002999386--B
83 **-09/28/99--01047--024**
84 City **FL 33375**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____
Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, RUSSELL R. 353 HEAD DRIVE, SUITE 100 CLEVELAND AL 35049	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD RHODES, PATRICIA L. 353 HEAD DRIVE, SUITE 100 CLEVELAND AL 35049	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	President PATRICIA L. RHODES PMB 3071 10693 Wiles Rd CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(SX1), 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: Russell R Rhodes **RUSSELL R RHODES** 9/21/99 (605) 274-0843
Signature and typed or printed name of signing officer or director
Patricia L Rhodes **PATRICIA L RHODES** 09/21/99 305-691-7709
Daytime Phone #

CRE034 (10/97)

AD



1400 NW 107th Ave., Suite 205
Miami, Florida 33172

Telephone: (305) 691-7709
Facsimile: (305) 691-7106

September 21, 1999

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Reference: Southwood Management Group, Inc. F95000004827
Miami Southwood, Inc. V65124

Dear Sir or Madam:

I called the Office for Corporation Annual Reports and spoke to Shawn in that office. I explained to him that we had not received the yearly Annual Report form or the reminder form for either of the above referenced corporations.

He instructed me to download the 1998 form from the internet site and make the appropriate changes and submit it with the normal fee of \$150.00 per corporation.

If I need to provide any further information, please contact me at 305-691-7709, by fax at 305-691-7106 or at our new address of:

1400 NW 107 Avenue, Suite 205
Miami, FL 33172

Thank you for your kind assistance.

Sincerely,

Patricia L. Rhodes
President-Southwood Management Group, Inc.
President-Miami Southwood, Inc.