

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 24 PM 4:24

DOCUMENT # **V66077** (1)

1. Corporation Name  
**WESTERN WOODS PLAZA, INC.**

Principal Place of Business Mailing Address  
**C/O MILLER  
SUITE 118, 960 ARTHUR GODFREY RD.  
MIAMI BEACH FL 33140-3349**  
**C/O WESTERN SCHOOL  
8200 S.W. 17TH ST  
N. LAUDERDALE FL 33068  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Created <b>09/21/1992</b>	3a. Date of Last Report <b>02/15/1994</b>
21		26		4. FEI Number <b>65-0358896</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status: Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MILLER, ELLIOT L. 960 ARTHUR GODFREY RD. SUITE 118 MIAMI BEACH FL 33140-3349</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 607.0304 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 regulations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Murray A. Simon* **2/15/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ELLIOT L.</b>	1.2 NAME	
STREET ADDRESS	<b>960 ARTHUR GODFREY RD.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, MURRAY A.</b>	2.2 NAME	
STREET ADDRESS	<b>8200 S.W. 17TH ST</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>N. LAUDERDALE FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, LESLIE</b>	3.2 NAME	
STREET ADDRESS	<b>8200 S.W. 17TH ST</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>N. LAUDERDALE FL</b>	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed ready for the compliance stated in Section 199.032, 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 upon oath. That I am an officer or director of the corporation or the incorporator or transferor or transferee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 attached, or in an attachment, with an address.

SIGNATURE: *Murray A. Simon* (305) 722-6161