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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V66077

(1)

## WESTERN WOODS PLAZA, INC.

D:	Principal Prace of Business Mailing Address										
C/O MILLER	ARTHUR GODFREY RD.	Mailing Address C/O WESTERN SCHOOL 8200 S.W. 17TH ST N. LAUDERDALE FL 33068-4110									
		US					3. Date Incorporated or Qualified 09/21/1992	1	ate of Last F <b>/26/1996</b>	leport	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		A	pplied For	
26     Suite, Apr. #, etc.   Suite Apr. #, etc.   Suite Apr. #, etc.							65-0358896			ot Applicable Additional	
22 27							5. Certificate of Status Desired		•	Additional equired	
City & State City & State							6. Election Campaign Financing		\$5.00	May Be	
<b>23</b> Zip	Country		Cor	intry			Trust Fund Contribution	Ш		to Fees	
24	n hn hn			30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes \( \square\) No				
	9. Name and Address of Current		. 1551				10. Name and Address of New Re	glatered	Agent		
	er, elliot L			81	Name	ı					
960 ARTHUR GODFREY RD. SUITE 116				82	Street	Address (P.O. Box Number is Not Acceptable)				***************************************	
	#I BEACH FL 33140-3349			83							
mu				-	0.		<u></u>		12-11-5	~	
				84	City			FL	.   '	Code	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	if Florida. Such change was	: authorize	d hv	the cor	d corpo rporatio	ration submits this statement for the points board of directors. I hereby acce	ourpose o	of changing in pointment as	ts registered registered	
SIGNATURE	<u> </u>										
12,	Signurial: Typiko or punted numir of regislench agort OFFICERS AND	·····	OTE: Registere	d Age	nt signatur	e required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	20 IN 12	
TITLE	D	DELETE	1.1 TI	TLE		T	ADDITIONS/OFFANGES TO OFFI	ZENO ANI	Change	Addition	
NAME	MILLER, ELLIOT L.		1.2 N	AME							
STREET ADDRESS	960 ARTHUR GODFREY RD.		. 1.3 \$	TREET	address						
CITY-ST-7IP	MIAMI BEACH FL D	Document		TY-S	T- <b>Z</b> IP				T 10		
TITLE NAME	SIMON, MURRAY A.	L. DELETE	2.1 Te						Change	Addition	
STREET ADDRESS	8200 S.W. 17TH ST		2.2 N		ADDRESS						
CITY - ST - 7IP	N. LAUDERDALE FL				3T- <b>2</b> IP						
TITLE	D	DELETE	3.1 [1	TLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
NAME	SIMON, LESLIE		3.2 N	AME							
STREET ADDRESS	8200 S.W. 17TH ST N. LAUDERDALE FL				address						
CITY-ST-ZIP	N. LAUDERDALE FL	☐ DELETE	3.4 C		T-ZIP	-			☐ Change	Addition	
NAME		occure	4.2 %						Onlings	Addition	
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP					T-23P						
TITLE		DELETE	5.1 T			1			☐ Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP TITLE	W H	DELETE	5.4 C		T-ZIP	<del> </del>			Change	Addition	
NAME		f"' pricit	6.1 % 6.2 N						in change	L) ADDRUGH	
STREET ADDRESS					ADDRESS						

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicates 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 trusted or however to be secured to be secured to be secured by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment yet address.

**SIGNATURE:** 

Murray A. Simon SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

1-

954-722-6161

**FILED** 

Jan 24 1997 8:00am

Secretary of State

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