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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

V66077

(1)

WESTERN WOODS PLAZA, INC.

FILED Mar 03 1998 8:00am Secretary of State

	·									
Principal Place of Business Mailing Address								10011 01100 01110 01111 00111 10011 1001 01011 01011 01011 01011	1011 1201	
C/O MILLER SUITE 116, 980 ARTHUR GODFREY RD. MIAMI BEACH FL 33140-3349				C/O WESTERN SCHOOL						
				8200 S.W. 17TH ST				DO NOT WRITE IN THIS SPACE		
				N. LAUDERDALE FL 33068 US				3. Date Incorporated or Qualified		
				03				09/21/1992		
2, Principal P	lace of Busin	10SS	2a.	Mailing Address		_		4, FEI Number Applie	d For	
21								65-0358896 Not Ap	plicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				S Cortificate of Status Desired S8.75 Addi		
22				7				Fee Requir		
City & State				City & State				8. Election Campaign Financing \$5.00 Mar Trust Fund Contribution Added to Fi		
Zip Country			28	Zip Country						
Zip 24	25		29	, ·		outiny .		8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. X Yes No		
9, Name and Address of Curre								10. Name and Address of New Registered Agent		
N	AILLER, ELL			T	8	ī	Name			
960 ARTHUR GODFREY RD.						2	Street Addre	ress (P.O. Box Number is Not Acceptable)		
SUITE 116							Olloot Addic	oss (1.6. pox Hamber to Not Nocopidate)		
MIAMI BEACH FL 33140-3349					8:	3				
					84	4	City	85 Zip Cod		
							•	FL 1		
11. Pursuant office or r	to the provisi egistered ag	ions of Sections 607.0502 ent_or both, mithe State o	and 6 I Florid	07.1508, Florida Statute da. Such change was ar	is, the abor uthorized b	ve-	 named corporation 	poration submits this statement for the purpose of changing its re- tion's board of directors. I hereby accept the appointment as regi	gistered stered	
agent. I a	m familiar wi	th, and accept the obligat	ions of	f, Section 607.0505, Flo	rida Statute	BS.				
SIGNATURE				(f t	. B. 200			red when reinstating) DATE		
12.	Signature, lyped	or printed name of registered agen OFFICERS AND			13.	gen	n signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1 12	
TITLE	D	OH IDENS AND	DI IL	DELETE	1.1 TITLE	_		Change	Addition	
NAME	MILLER, ELLIOT L.			1.2						
STREET ADDRESS 960 ARTHUR GODFREY RD.				1.3 \$			ADDRESS			
CITY-ST-ZIP		BEACH FL			1.4 CITY-		1			
TITLE	D			☐ DELETE	2.1 TITLE			Change _	Addition	
NAME	SIMON	i, Murray A.			2.2 NAME	:				
STREET ADDRESS	l	S.W. 17TH ST			2.3 STREE	ET A	ADDRESS			
CITY-ST-ZIP	N. LAI	JDERDALE FL			2. 4 CITY	- \$1	T-ZIP			
TITLE	D			DELETE	3.1 TITLE			☐ Change	Addition	
NAME		n, leslie			3.2 NAME		ĺ			
STREET ADDRESS		s.w. 17th St			3.3 STREE	ET A	ADDRESS			
CITY-ST-ZIP	N. LA	JDERDALE FL			3.4 CITY		T-21P		Taare	
TIFLE				☐ DELETE	4.1 TITLE		1	Change	Addition	
NAME					4. 2 NAM	E				
STREET ADDRESS					4.3 STREE	ET A	ADDRESS			
CITY-ST-ZIP	<u>.</u>				4.4 CITY-	_	I-ZIP	[[[[]]	Addition	
TITLE				☐ DELETE	5.1 TITLE			Change	Addition	
NAME					5.2 NAME					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				Deser	5.4 CITY-	_	- ZIP	Change	Addition	
TITLE				☐ DELETE	6.1 TITLE			LI Change L	1 MOURION	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE	ET A	ADDRESS			

6.4 CITY-ST-ZIP

14. Thereby 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 corpogation of 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 changett, or full an attachment with an address