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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V66077**

1. Corporation Name

WESTERN WOODS PLAZA, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90200 022 ***150.00

- 1 1 83 15 0 11 818 0 112 8 3 1211 18 11	##### ################################

Principal Place	e or business	Maining Address					
C/O MILLER		C/O WESTERN SCHOOL					
SUITE 116, 960 ARTHUR GODFREY RD.		8200 S.W. 17TH ST		DO NOT WRITE IN TH	IS SPACE	•	
MIAMI BEACH	FL 33140-3349	N. LAUDERDALE FL 33068 US	i		3. Date Incorporated or Qualifed	017102	 -
		UU			09/21/1992		
O Deineinel D	topo of Puninger	2a, Mailing Address			4. FEI Number	At	oplied For
		h Azzoni	10	65-0358896		ot Applicable	
21	# ata	26 2920 N.W. 106t Suite, Apt. #, etc.	ii Aveiii	<u></u>			Additional
Suite, Apt.	#, etc.	<u>├</u>			5. Certifcate of Status Desired	*	equired
City 9 Ctat		City & State			6. Election Campaign Financing	\$5.00	May Be
On 1 Contract IX			Trust Fund Contribution	•	to Fees		
Zip	Country	28 Coral Springs,	Cou	ntrv	8. This corporation owes the current year		-
— ·		29 33065	30 Br	•	Personal Property Tax.	X Yes	□No
24	9. Name and Address of Curre		SOL DE	watu	10. Name and Address of New Registere		 -
	9. Name and Address of Curre	iit Kegistered Agottt		81 Name			
MILL	er, elliot L.						
960 ARTHUR GODFREY RD.		82 Street Address (P.O. Box Number is Not Acceptable)					
	E 116			83			
	MI BEACH FL 33140-3349				_		
iauvi.	WII DEACH 1E 33140-3343			84 City		85 Zip	Code
					F		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu of Florida, Such change was a	tes, the al	ove-named corp by the comorati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changing is iointment as re	agistered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida State	ites.			•
SIGNATURE							
	Signature, typed or printed name of registered ago		<u> </u>	Agent signature require			200 01 40
12.	,	ND DIRECTORS	. 13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	DELETE	1.1 10		•. •	. Cuange	
NAME	MILLER, ELLIOT L.		1.2 N	ME Į	¥		ļ
STREET ADDRESS	960 ARTHUR GODFREY RD.		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		_	IY-ST-ZIP		~ M ov	- Addition
TITLE	D	DELETE	2.1 TI	LE		Change	Addition
NAME	SIMON, MURRAY A.		2.2 N			٠	ľ
STREET ADDRESS	s 8200 S.W. 17TH ST 2.3 STI			20 N.W. 106th Avenue		l	
ÇITY-ST-ZIP	N. LAUDERDALE FL		2.4 C	TY-ST-ZIP CO	oral Springs, FL 33065		
TITLE	D	☐ DELETE	3.1 TI	rLE	•	🔀 Change	☐ Addition
NAME	SIMON, LESLIE		3.2 N/	ME			
STREET ADDRESS	AGOO O'M ATTILLOT		3.3 \$1	REET ADDRESS 29	20 N.W. 106th Avenue		
CITY-ST-ZIP	N. LAUDERDALE FL		3 4. C	TY-ST-ZIP CC	oral Springs,FL 33065		
TITLE		☐ DELETE	4.1 TI			☐ Change	Addition
NAME			4, 2 N	AME		:	
				REET ADDRESS	•		
STREET ADDRESS	1			TY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.1 TI			☐ Change	Addition
TITLE		_ 5,.	5.2 N	l l		_ •	_
NAME	1			REET ADDRESS			
STREET ADDRESS	1		4	TY-ST-ZIP			i
CITY-ST-ZIP	1						
TITLE	<u> </u>	□ DELETE				☐ Channa	□ Addition
		☐ DELETE	6.1 TI	TLE		Change	Addition
NAME		DELETE	6.1 TI	TLE AME		☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	6.1 TI 6.2 NJ 6.3 ST	TLE		Change	Addition

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 supplimental 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 truliee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change for order attachment with an address, with all other like empowered.

SIGNATURE:

954-752-3770