

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **379602** (6)
1. Corporation Name
WOODEN SHOE GARDENS, INC.



Principal Place of Business: **3601 VINKEMULDER RD COCOANUT CREEK FL 33073**
Mailing Address: **3601 VINKEMULDER RD COCOANUT CREEK FL 33073**

3. Date Incorporated or Qualified: **03/30/1971**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **29** Zip: **30**

4. FEI Number: **59-1348113**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**VINKEMULDER, CORNELIUS R
4400 N W 7TH STREET
COCONUT CREEK FL 33068**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and the incorporator) DATE: _____ (Date of Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	T	<input type="checkbox"/>
NAME	LEITCH, RICHARD L.	
STREET ADDRESS	9090 B S.W. 21ST ST.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/>
NAME	VINKEMULDER, CORNELIUS	
STREET ADDRESS	4400 NW 7TH ST	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	S	<input type="checkbox"/>
NAME	VINKEMULDER, JOYCE	
STREET ADDRESS	4400 N W 7TH ST	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	V	<input type="checkbox"/>
NAME	WEAVER, DAVID E.	
STREET ADDRESS	3689 COCOPLUM CIRCLE	
CITY - ST - ZIP	COCONUT CREEK FL 33063	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joyce Vinkemulder, Secy.* **4-15-96 (954) 970.0541**
Joyce Vinkemulder, Secy. DATE: _____

CR2E034 (12/95)