

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90249 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J26648**

1. Corporation Name  
**WOOL SUPPLY CORP.**



Principal Place of Business  
 6778 N MILITARY TRAIL  
 W PALM BEACH FL 33407  
 US

Mailing Address  
 13950 NW 8ST  
 SUNRISE FL 33325  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/31/1986**

|    |                                |    |                     |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address     |
| 22 | Suite, Apt. #, etc.            | 26 | Suite, Apt. #, etc. |
| 23 | City & State                   | 27 | City & State        |
| 24 | Zip                            | 28 | Country             |
| 25 | Country                        | 29 | Zip                 |
| 30 | Country                        | 30 | Country             |

|   |  |   |
|---|--|---|
| 4 | FEI Number   | Applied For   |
|   | <b>59-2710037</b>  | Not Applicable  |
| 5 | Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 6 | Election Campaign Financing Trust Fund Contribution                      | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 8 | This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**DALE JR, CHARLES S**  
 414 NE 4TH ST  
 FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name **Cohn, Alan B**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2021 Tyler Street**

83

84 City **Hollywood** FL 85 Zip Code **33020**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/15/99**

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>WOOL, CARL</b>          |  |
| STREET ADDRESS | <b>12755 NE 2 AVENUE</b>   |  |
| CITY-ST-ZIP    | <b>NO. MIAMI FL</b>        |  |
| TITLE          | <b>PD</b>                  | <input type="checkbox"/> DELETE            |
| NAME           | <b>LOPATIN, MARC</b>       |  |
| STREET ADDRESS | <b>1321 N.E. 12 AVENUE</b> |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>   |  |
| TITLE          | <b>VD</b>                  | <input type="checkbox"/> DELETE            |
| NAME           | <b>WOOL, RANDY</b>         |  |
| STREET ADDRESS | <b>4340 SW 74 AVENUE</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>            |  |
| TITLE          | <b>T</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>WOOL, SHIRLEY</b>       |  |
| STREET ADDRESS | <b>12755 NE 2ND AVE</b>    |  |
| CITY-ST-ZIP    | <b>N MIAMI FL</b>          |  |
| TITLE          | <b>SD</b>                  | <input type="checkbox"/> DELETE            |
| NAME           | <b>LOPATIN, SUSAN</b>      |  |
| STREET ADDRESS | <b>1321 NE 12 AVE</b>      |  |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>    |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>13950 NW 8 ST.</b>  |
| 1.4 CITY-ST-ZIP    | <b>SUNRISE, FL 33325</b>   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>13950 NW 8 ST.</b>  |
| 2.4 CITY-ST-ZIP    | <b>SUNRISE FL 33325</b>  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | <b>13950 NW 8 ST.</b>  |
| 3.4 CITY-ST-ZIP    | <b>SUNRISE, FL 33325</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>STD</b>   |
| 5.3 STREET ADDRESS | <b>13950 NW 8 ST.</b>  |
| 5.4 CITY-ST-ZIP    | <b>SUNRISE, FL 33325</b>   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/12/99** DAYTIME PHONE # **954-8468578**

CR2E034 (1/98)