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 # P93000059759 (9)

GROSSE POINTE WOODWORKING, INC.

Principal Place of Business 2830 NORTHWEST 16TH LANE BAY 1 POMPANO BEACH FL 33064		Mailing Address 2520 NORTHWEST 16TH LANE BAY 1 POMPANO BEACH FL 33064-1529			
				3. Date Incorporated or Qualified 08/23/1993	3a. Date of Last Report 07/01/1996
	lace of Business	2a. Mailing Address		4. FEI Nurnber	Applied For
21		[26]		65-0424876	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re-	gistered Agent
DE SOSTOA, ROBERT J 5523 NORTHWEST 41ST AVENUE COCONUT CREEK FL 33073					
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed narrier of registered ag	ent and title if applicable (NO)	. Hog street Agent signature requi	THE COLOR OF THE C	4-73-87
12.	The second secon	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D COOTON DODEDT I	DELETE	1.1 Wile		Change Addition
NAME	DE SOSTOA, ROBERT J 5523 NORTHWEST 41ST AVE	MI IE	1.2 NAME		
STREET ADDRESS	COCONUT CREEK FL 33073	NUE	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHY- ST- ZIP 2.1 TIRE		Change Addition
NAME	DE SOSTOA, MILAGROS	₽ precit	2.3 NAME		
STREET ADDRESS	5523 NORTHWEST 41ST AVE	MIF	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073		2. 4 CITY- \$1-ZIP		
TITLE		DELETE	3.1 10 LE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 City-St-7iP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TIPLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
מול זה עדום			C 4 O(3 // CT - 20)		

14. I do 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 by supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am an officer or director of the corporation or the resolver 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 chain 41, or on an attachment with an address.

6.3 STREET ADDRESS

6111111

6.2 NAME

DELETE

appears in block 12 of block 13 if changes of of an attachment with an atta

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11-19-87 977-485

Change Addition

FILED

May 13 1997 8:00am

Secretary of State