

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:36

DOCUMENT # P93000068908 (1)

1. Corporation Name
AFB WOODCRAFTERS, INC.

Principal Place of Business Mailing Address
**4100 N. POWERLINE RD.
SUITE P-8
POMPANO BEACH FL 33073** **4100 N. POWERLINE RD.
SUITE P-8
POMPANO BEACH FL 33073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/29/1993 **06/14/1994**

4. FEI Number Applied For
65-0437515 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199(3)(2), Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **6601 LYONS ROAD** 26 **6601 LYONS ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE C-2** 27 **SUITE C-2**
City & State City & State
23 **COCONUT CREEK, FL** 28 **COCONUT CREEK FL**
Zip Zip Country Country
24 **33073** 25 **BROWARD** 29 **33073** 30 **BROWARD**

9. Name and Address of Current Registered Agent

**FAVALE, ALBERT
3878 N.W. 67TH ST.
COCONUT CREEK FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 **ALBERT FAVALE**

[Signature]

5/26/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FAVALE, ALBERT
STREET ADDRESS	3334 N.W. 64TH CT.
CITY ST ZIP	COCONUT CREEK FL 33073
TITLE	VP
NAME	HARRISON, FAYE
STREET ADDRESS	3855 N.W. 67TH ST.
CITY ST ZIP	COCONUT CREEK FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D MARY SERKE
33 STREET ADDRESS	155 OVERLAND AVE
34 CITY - ST - ZIP	BRIDGE PORT, CT 06606
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 in order with, 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: **FAYE HARRISON** *Faye Harrison*

5/26/95

305 429-9163