

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000002658 (0)

95 FEB -1 AM 11: 23

1. Corporation Name
UNDER HOOF SHAVINGS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
12246 BRISBANE LANE WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified **01/03/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **3351 U.S. HWY. 441** 25 **3351 U.S. HWY 441**

4. FEI Number **65-0462600** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **LAKE WORTH, FL** 28 **LAKE WORTH, FL**

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

24 **33467** 25 **PALM BCH** 29 **33467** 30 **PALM BCH**

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
**MCDONALD, MARSHALL
14814 DRAFHORSE LANE
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent
81 Name **WILLIAM VON WERNICH**
82 Street Address (P.O. Box Number is Not Acceptable) **12246 BRISBANE**
83
84 City **WELLINGTON** FL 85 Zip Code **33414**

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 *X William von Wernich* DATE **1/25/95**

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	WILLIAM VON WERNICH
STREET ADDRESS	12246 BRISBANE LANE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	SECRETARY / TREAS
NAME	KATHRYN VON WERNICH
STREET ADDRESS	12246 BRISBANE LANE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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: *Kathryn von Wernich* DATE: **407-793-2644**