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FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000069560 (7)

1. Corporation Name:
STUART LUMBER COMPANY OF FT. MYERS



Principal Place of Business:
**3300 UNIVERSITY DR.
 CORAL SPRINGS FL 33065**

Mailing Address:
**3300 UNIVERSITY DR.
 CORAL SPRINGS FL 33065-6309**

3. Date Incorporated or Qualified: **08/28/1995**
 3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business:
21 3601 WORK DRIVE
 Suite, Apt #, etc.

2a. Mailing Address:
26 PO BOX 9075
 Suite, Apt #, etc.

4. FEI Number: **65-0624657**
 Applied For: Not Applicable

22. City & State:
23 FORT MYERS, FLORIDA

27. City & State:
28 CORAL SPRINGS, FLORIDA

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

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

24. Zip: **33916**
 25. Country: **LEE**

29. Zip: **33075**
 30. Country: **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**PASSARIELLO, JOHN
 8434 N.W. 5TH WAY
 FT. LAUDERDALE FL 33309**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P** DELETE
 NAME: **NUDELMAN, JEFF**
 STREET ADDRESS: **3300 UNIVERSITY DR**
 CITY - ST - ZIP: **CORAL SPRINGS FL**

TITLE: **V** DELETE
 NAME: **CARRY, LINDA**
 STREET ADDRESS: **3300 UNIVERSITY DR**
 CITY - ST - ZIP: **CORAL SPRINGS FL**

1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY - ST - ZIP:

2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY - ST - ZIP:

NAME: DELETE
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY - ST - ZIP:

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY - ST - ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY - ST - ZIP:

6.1 TITLE: Change 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 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.

SIGNATURE: *Linda Carry* **1/16/97** 954344-4700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)