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

PRÖFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000094534 (1)

WOOD-MART, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									- -		AIRE DESCRIPTION	W III III DANA IMBA
4570 NW 49 COURT 4570 NW 49 COURT COCONUT CREEK FL 33073 COCONUT CREEK FL 33						073			DO NOT WRITE I	IN THIS	SPACE	
									3. Date Incorporated or Qualified	1		
									12/13/1995			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	•	A	optied For
21				26					65-0637983		N	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State				City & State					6. Election Campalgn Financing	<u> </u>		May Be
Zip Country			28	28					Trust Fund Contribution			I to Fees
24	25			29 30			o. This corporation own		8. This corporation owes or has paid			
24			tegistered Agent					Personal Property Tax due June 3 10. Name and Address of New Reg				
BADIA, MARIO								lame	-			
	0301 NW 50					<u> </u>			<u> </u>			
SUNRISE FL 33351						82		treet Address (P.O. Box Number is Not Accepta		∌)		<u>-</u>
								!				
						84] [lity		FL	. `	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.												ts registered registered
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature.) 12. OFFICERS AND DIRECTORS 13.								gnature required		DATE		-
TITLE	PD	UFFICERS /	AND DIRE	CTORS ☐ DEL		i Title		:	ADDITIONS/CHANGES TO OFFICE	HS ANL	DIRECTOR	Addition
NAME	BADIA, I	MARIO		_ 500	1 1	2 NAME					La Glialige	L Addition
STREET ADDRESS		V 49 COURT					1.3 STREET ADDRESS					
City-St-ZiP		UT CREEK FL 33	073									J:
TITLE	VST	O. ORIZERTE GO					1.4 CITY-ST-ZIP				Change	Addition
NAME	BADIA, BARBARA A						2.2 NAME				origing c	· ·
STREET ADDRESS		V 49 COURT					2.3 STREET ADDRESS					
CITY-ST-ZIP	COCONUT CREEK FL 33073						2.4 CITY-ST-ZIP					
TITLE				DEL		3.1 TITLE				.	Change	Addition
NAME					3.2	NAME					_ •	
STREET ADDRESS					3.3	STREET	ADDI	RESS				
CITY - ST - ZIP					3.4	. CITY-S	ST-ZI	P:				
TITLE				DEL		TITLE					Change	Addition
NAME					4.	2 NAME		:				
STREET ADDRESS					4,3	STREET	ADDE	RESS				}
CITY-ST-ZIP					4.4	CITY-S	T-ZF	,				
TITLE				☐ DELE	TE 5,1	TITLE					Change	☐ Addition
NAME					5,2	NAME						. 1
STREET ADDRESS					5.3	STREET	ADDF	RESS				
CITY-ST-ZIP						CITY-S	T-ZIP	·				
TITLE				☐ DEFI	TE 6.1	TITLE				1	Change	Addition
NAME					6.2	NAME		1				Į
STREET ADDRESS					6.3	STREET	ADDF	ress				. [
CITY-ST-ZIP	- 400 - 400 - 400 - 5			-		CITY - S				- [
14. I hereby c	entity that the i	nrormation supplied	with this f	iling does not q	uality for the e	xempt	tion	stated in Se	ction 119.07(3)(i), Florida Statutes. I fui	rther cer	tify 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.

954-749-4998