FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S38058** **(1)**

1. Corporation Name
EXOTIC WOOD PRODUCTS COMPANY

Principal Place of Business
1920 VIRGINIA AVE #802
FT MYERS FL 33901

Mailing Address
1920 VIRGINIA AVE #802
FT MYERS FL 33901

3. Date Incorporated or Qualified: **03/15/1991**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21 **10738 LAGRANGE RD**
22 Suite, Apt. #, etc.
23 City & State: **ELYRIA OHIO**
24 Zip: **44035-7708** 25 Country: **USA**

2a. Mailing Address
26 **10738 LAGRANGE ROAD**
27 Suite, Apt. #, etc.
28 City & State: **ELYRIA OHIO**
29 Zip: **44035-7708** 30 Country: **USA**

4. FEI Number: **65-0254395** ☐ Applied For ☐ Not Applicable

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

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

SCHREIBER, ROBERT J.
1920 VIRGINIA AVE #802
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: **THOMAS B. BIRCH**
82 Street Address (P.O. Box Number is Not Acceptable): **7370 COLLEGE PARKWAY**
83 **SUITE 210 % THE BIRCH COMPANY**
84 City: **FORT MYERS** **FL** 85 Zip Code: **33907**

11. Pursuant to the provisions of Section 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 Thomas Birch THOMAS B. BIRCH DATE: 2/20/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SCHREIBER, ROBERT J 1920 VIRGINIA AVE #802 FT MYERS FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SCHREIBER, KATHLEEN C. 1920 VIRGINIA AVE #802 FT. MYERS FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 added by this report.

SIGNATURE: Robert J Schreiber ROBERT J. SCHREIBER 2/20/96 216 458 6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)