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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Jan 30 1	998	8:00am
Secreta	ary (of State

1. Corporation Name EXOTIC WOOD PRODUCTS COMPANY
Principal Place of Business 10738 LAGRANGE RO
Principal Place of Business Mailing Address 10738 LAGRANGE RD 10738 LAGRANGE ROAD 10738 LAGRANGE ROA
Principal Place of Business Mailing Address 10738 LAGRANGE RD 10738 LAGRANGE ROAD 10738 LAGRANGE ROA
ELYRIA OH 44035-7708 US BONOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1991 2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0/254395 Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 3. Election Campaign Financing Fres Required Added to Fees 2. Tip Country 2. Tip Country 2. Tip 2. Country 2. Tip 2. Country 2. Tip 2. Country 3. Name and Address of Current Registered Agent 3. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. "Ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BIRCH, THOMAS B. 7370 COLLEGE PARKWAY SUITE 210 C/O THE BIRCH COMPANY FT MYERS FL 33907 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and title in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and title in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and title in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and title in applicable. NOTE, Registered Agent signature required when reintailing) DATE 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. PID NAME SCHREIBER, ROBERT J 15. Country 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. City State 17. PID 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES
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NAME 6.2 NAME

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 attrachment with an address.

GNATURE:

ROBERT J SCHREIBER RESIDEUT 1/2/98