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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V12840

(7)

ORIOLE WOODWORKS. INC.

## **FILED** Mar 25 1998 8:00am Secretary of State

5	10					4				
Principal Place of Business Mailing Address						-		17 61411 676		1 67847
16932 W DOW LOXAHATCHE		16932 W DOWNERS DR LOXAHATCHEE FL 33470			-					
COARIGICAL	2 16 33470	LOWHINIONEE LE 2047	LOARHATOREE PE 35470			DO NOT WRITE IN THIS SPACE				
•						3.	Date Incorporated or Qualified			
	15					<del> </del>	02/07/1992			
	ace of Business	2a. Mailing Address			4.	FEI Number		<b>├</b>	plied For	
Suite, Apt	# plo	Suite, Apt. #, etc.				65-0313683			t Applicable	
22		27			Б.	Certificate of Status Desired		\$8.75 A		
City & State	0	City & State			6.	Election Campaign Financing		\$5.00		
23		28 Country			<u> </u>	Trust Fund Contribution	<u> </u>	Added t		
Zıp <b>24</b>	· - · - · - · - · - · - · - · - ·			Country			8. This corporation owes or has paid the current/year Intangible Personal Property Tax due June 30.  Yes No			
24	25 9. Name and Address of Curren	29 Agent	30			10	Name and Address of New Re			
		it trogistered Agent		91	Name	10.	Tallo and Address of Now It	giotoroc	Agont	
HAFER & GILMER CPAS										
	I ROYAL PALM WAY E 302		1	B2	Street Add	iress (l	P.O. Box Number is Not Acceptal	ble)		
	LM BCH FL 33480-4310		ļ	B3	<del></del>					
			Į.	84	City			FI	85 Zip (	Cocle
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  Signature, typed or proved nation of registered agent and title if appearable (NOTE: Registered Agent signature required when reinstating)  DATE									registered	
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 <b>T</b> ITL	.E					Change	Addition
NAME	KLUKASOFSKI, JERRY		1.2 NAM	AE.	ĺ					
STREET ADDRESS	16932 W DOWNERS DR		1.3 STR	EET A	ADDRESS					
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CIT		- ZIP					77
TITLE	D			2 1 TITLE					Change	Addition
NAME	KLUKASOFSKI, NICKI		5.5 NAME							
STREET ADDRESS	16932 W DOWNERS DR		2.3 STREET ADDRESS		1					
CITY - ST - ZIP	LOXAHATCHEE FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		T-ZIP				Change	Addition
TITLE NAME		L_J OCULIE	3.1 IIILE 3.2 NAME		ł				L_I Unanys	C COULD'S
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS						ļ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP						}	
TITLE		DELETE	4.1 1111						Change	Addition
NAME	<u> </u>			4. 2 NAME					_ •	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITI				<del> </del>		Change	Addition
NAME			5.2 NA	ΛE						İ
STREET ADDRESS			5.3 STR	EET A	ADDRESS					
CHTY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE				6.1 TITLE					Change	☐ Addition
NAME )			6.2 NA	ΝE	1					]
STREET ADDRESS			6.3 STR	EET #	ADDRESS					
CITY-ST-ZIP			64 CIT	Y-ST	-ZIP		<u></u>			

14. Thereby 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 supplimental 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 truestoes 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.