

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:48

DOCUMENT # 142636 (0)  
1. Corporation Name  
WOOD FUEL INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O F Z GLICKMAN 1043 EUCLID AVE. APT #3 MIAMI BCH FL 33139-4906 US		C/O F Z GLICKMAN 1043 EUCLID AVE. APT #3 MIAMI BCH FL 33139-4906 US		12/27/1943	06/07/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-0022534	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>		
23	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GLICKMAN, FRANKLIN Z 1043 EUCLID AVE., APT #3 MIAMI BEACH FL 33139-4906				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code
				FL	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, EDWARD	1.2 NAME	
STREET ADDRESS	1043 EUCLID AVE., #2 #3	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, FRANKLIN Z	2.2 NAME	
STREET ADDRESS	1043 EUCLID AVE #3	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, ESTHER	3.2 NAME	
STREET ADDRESS	1043 EUCLID AVE., #1	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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: *Franklin Z. Glickman*  
FRANKLIN Z. GLICKMAN  
FEB - 3 - 1995  
305/552-5200