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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 142636 (0)

1. Corporation Name
WOOD FUEL INC



Principal Place of Business

C/O F Z GLICKMAN
~~1040 EUCLID AVE. APT 10~~
~~MIAMI BEACH FL 33139-4902~~
~~40~~

Mailing Address

C/O F Z GLICKMAN
~~4040 EUCLID AVE. APT 10~~
~~MIAMI BEACH FL 33139-4902~~
~~40~~

2. Principal Place of Business

21 1075 92ND STREET

Suite, Apt. #, etc.

22 # 101

City & State

23 BAY HARBOR ISLANDS FL

Zip

Country

24 33154-2701

25 USA

2a. Mailing Address

26 1075 92ND STREET

Suite, Apt. #, etc.

27 # 101

City & State

28 BAY HARBOR ISLANDS FL

Zip

Country

29 33154-2701

30 USA

3. Date Incorporated or Qualified
12/27/1943

3a. Date of Last Report
03/22/1996

4. FEI Number
59-0622534

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

g. Name and Address of Current Registered Agent

GLICKMAN, FRANKLIN Z
~~1040 EUCLID AVE. APT 10~~
~~MIAMI BEACH FL 33139~~
1075 92ND STREET # 101
BAY HARBOR ISLANDS FL 33154-2701
USA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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.

SIGNATURE

Franklin Z. Glickman FRANKLIN Z. GLICKMAN JAN-13-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GLICKMAN, EDWARD
STREET ADDRESS ~~1040 EUCLID AVE. APT 10~~ 1075 92ND STREET #101
CITY-ST-ZIP ~~MIAMI BEACH, FL 33139~~ BAY HARBOR ISLANDS FL 33154-2701

TITLE PD
NAME GLICKMAN, FRANKLIN Z
STREET ADDRESS ~~1040 EUCLID AVE. APT 10~~ 1075 BAY HARBOR ISLANDS FL 33154-2701
CITY-ST-ZIP ~~MIAMI BEACH, FL 33139~~

TITLE SD
NAME GLICKMAN, ESTHER
STREET ADDRESS ~~1040 EUCLID AVE. APT 10~~ 1075 92ND ST # 102
CITY-ST-ZIP ~~MIAMI BEACH, FL 33139~~ BAY HARBOR ISLANDS FL 33154-2701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby 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 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 JAN-13-97 (305) 552-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0101728

CR2E034 (9/96)