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**Feb 04 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 # 171540 (8)

1. Corporation Name
ARCH CREEK LUMBER COMPANY



Principal Place of Business
**15255 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162-6027**

Mailing Address
**15255 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33162-6027**

3. Date Incorporated or Qualified **12/15/1952** 3a. Date of Last Report **02/15/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-0689997** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, JAMES B
15255 W DIXIE HWY
NORTH MIAMI BEACH, FL
33180**

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

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 DELETE
NAME **VP LEE, SCOTT F.**
STREET ADDRESS **10525 N.W. 10 CT**
CITY-ST-ZIP **PLANTATION FL**

1.1 TITLE **Vice President** Change Addition
1.2 NAME **Elaine Rose**
1.3 STREET ADDRESS **3407 NE 168 Street**
1.4 CITY-ST-ZIP **N Miami Beach FL 33160**

TITLE DELETE
NAME **PD ROSE, JAMES B**
STREET ADDRESS **5565 WEST 12 CT**
CITY-ST-ZIP **HIALEAH, FL 00000**

2.1 TITLE **Secretary** Change Addition
2.2 NAME **Anne M. Jones**
2.3 STREET ADDRESS **10525 NW 10 Court**
2.4 CITY-ST-ZIP **Plantation FL 33162**

TITLE DELETE
NAME **ST ROSE, ELAINE** *****Change see above right.**
STREET ADDRESS **3407 NE 168TH STREET**
CITY-ST-ZIP **N MIAMI BEACH, FL 00000**

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

TITLE DELETE
NAME **VP LEE, MELVIN J**
STREET ADDRESS **251 LAKESIDE DR.**
CITY-ST-ZIP **MOUNTAIN REST SC**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
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: *Scott F. Lee* **Scott F. Lee, VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/97 (305)947-3444

Date Daytime Phone #

CR2E034 (9/96)