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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 200166

(7)

FILED
Apr 14 1997 8:00am
Secretary of State

EH ED

	VE WOOD PRODUCTS CO				
Principal Place of Business 3940 10TH AVENUE NORTH LAKE WORTH FL 33461		Mailing Address 3330 KIRK RD. LAKE WORTH FL 33461-2736		1 198475 11911 99111 80194 11919 51119 8411 94544 51814 97911 91911 94644 51814 1984	
				3. Date Incorporated or Qualified 02/22/1957	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-0777220	Not Applicable
Suite, Apti	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulard
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
	•	28		Trust Fund Contribution	Added to Fees
<i>Z</i> (p)	Country	Zip	Country	8. This corporation has liability for	
<u> </u>	25		30	Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	legistered Agent
	remet, lillian m		B1 Name		
	BO KIRK RD		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
LAY	KE WORTH FL 33461		83		
			53		
			84 City		FL 85 Zip Code
[4 D	to the second of Continue Co7 OF	00 d C07 4500 Elocido Ctot. to	the should person and see	and the state of t	
			uthorized by the corpora	ation's board of directors. I hereby acc	ept the appointment as registered
	arn familiar with, and accept the oblig		uthorized by the corpora rida Statutes.  Registered Agent signature requ	poration submits this statement for the ation's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE.	Signature, typed or printed harve of registered as				DATE
SIGNATURE.	Stipulature, typical or predict harms of registered at OFFICERS AN	gent and into if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE. 12. Title	Stipulator: typicd or pretend name of represented at OFFICERS AN SEREMET, EDWARD F	gent and trie if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE.  12.  DITLE  NAME	OFFICERS AND SEREMET, EDWARD F 3330 KIRK ROAD	gent and trie if applicable (NOTE	Registered Agent signature required 13.	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE.  12.  DILLE NAME STREST ADDRESS EUTY-ST-72P	Stipulate: typed or preted name of represent at OFFICERS AN SEREMET, EDWARD F	gent and trie if applicable (NOTE ND DIRECTORS DELETE	Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Additio
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SIGNATURE.  12.  UILLE VAME STREEL ADDRESS UILY-SI-ZEP UILE	OFFICERS AND SEREMET, EDWARD F 3330 KIRK ROAD LAKE WORTH FL V SEREMET, ULLIAN M	gent and trie if applicable (NOTE ND DIRECTORS DELETE	Registered Agent signature required.  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE.  12.  DITE  NAME  STREET ADDRESS  DITE  DAME  STREET ADDRESS  GITY-S1-7IP	Signature, typied or presend name of registered at OFFICERS AF SEREMET, EDWARD F 3330 KIRK ROAD LAKE WORTH FL V  SEREMET, ULLIAN M 3330 KIRK ROAD LAKE WORTH FL	gent and trie if applicable (NOTE ND DIRECTORS DELETE	Registered Agent signature required.  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
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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 officer or director.

SIGNATURE: Section M. SEREMET 4-8.97 (56) 965-5873