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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 200166 1. Corporation Name

10TH AVE WOOD PRODUCTS CORP

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90293 004 \*\*\*150.00



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Principal Place	e of Business	Mailing Address			I (DB)(B ((BE)) DE)(( BB)(D ((D)) B()(D D)() P()	Binii Binii Bidic A	1011 01011 1401
3940 10TH AVE LAKE WORTH I		3330 KIRK RD. LAKE WORTH FL 33461-2736		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed 02/22/1957		
2. Principal Pl	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			59-0777220	No	t Applicable
Suite, Apt.	Suite; Apt. #, etc.	Apt. #, etc.		5. Certifcate of Status Desired	\$8:75~A		
22	<u> </u>	27			J. Commons of Carlos Donner	Fee Re	quired
City & State	e	City & State	<del></del>		6. Election Campaign Financing	\$5.00	- 1
23		28	3		Trust Fund Contribution	Added to	o Fees
Zip	Country	<u> </u>	Country		This corporation owes the current year le Personal Property Tax.		□No
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered		
	9. Name and Address of Curren	L Registered Agent	81	Name	10, NAME and Address of New Registered	* 1-90···	
SER	EMET, LILLIAN M			<u> </u>		<u></u>	
	KIRK RD		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	E WORTH FL 33461		83	<del> </del>			
						<del></del>	
			84	City	Fi	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes, th	e abov	e-named co	progration submits this statement for the purpose of	of changing its	registered
office or n	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was author	ized by	the corpora	ation's board of directors. I hereby accept the app	ointment as req	gistered
-	m tamiliar with, and accept the obligat	lions of, Section 607.0005, Florida 5	olatutes	١,			
SIGNATURE	Signature, typed or printed name of registered agen	d and title if applicable. (NOTE: Regist	ered Age	nt signature requ	Jired when reinstating) DATE	<del></del>	—
12.	. OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE 1	.1 TITLE			☐ Change	☐ Addition
NAME	SEREMET, EDWARD F	1	2 NAME				
STREET ADDRESS	3330 KIRK ROAD	1	.3 STREE	T ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL	1	.4 CITY-S	T-ZIP			
TITLE	□ DELETE 2.1 TI		.1 TITLE			☐ Change	Addition
NAME	SEREMET, LILLIAN M	- 2	2 NAME		•		
STREET ADDRESS		2	3 STREE	T ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		. 4 CITY-5	ST-ZIP			
TITLE	ST -:	☐ DELETE 3	A TITLE	1	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	PINDA ALLEN, CHRISTINE	3	.2 NAME		•		
STREET ADDRESS	19305 SW HILLTOP RD.	3	3 STREE	TADDRESS			,
CITY-ST-ZIP	LAKE OSWEGO OR 97034	<del></del>	.4. CITY-5	ST-ZIP			TTI A delicio
TITLE		☐ DELETE 4	.1 TITLE			☐ Change	Addition i
NAME .	• .		. 2 NAME		,		
STREET ADDRESS		4	.3 STREE	TADORESS			
C/TY-ST-ZIP			4 CITY-S	T-ZIP			[ ] Addition
TITLE	,		1 TITLE			Change	Addition [
NAME .			.2 NAME	T + DODESS	•	•	. }
STREET ADDRESS	FAREIGI WALL			T ADDRESS	,		
C/TY-ST-ZIP 🤼 🖫			A CITY-S	1-ZIP		☐ Change	Addition
TITLE SES	ETT STANK			)		(T) cusude	☐ vaniman
NAME			2 NAME	* * * * * * * * * * * * * * * * * * * *			j
STREET ADDRESS		1 6	JSIKEE	TADDRESS	•:		

CITY-ST-ZIP 14. I 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, with all other like empowered.