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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name



328651

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90062 049 ***150.00

HULLYW	OOD WOODWORK, INC.											
Principal Place	of Rusiness	. м	ailing Address				\dashv	i 189186 tilka tiaan lakka akter akka kesa et	TȘI BINII NI			
1551 S. 30TH AVENUE			1551 S. 30TH AVENUE									
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020												
• *								DO NOT WRITE IN THIS SPACE				
								 Date Incorporated or Qualified 04/10/1968 				
2. Principal P	lace of Business	2a.	2a. Mailing Address					4. FEI Number		Ap	plied For]
21	•	26	26					00.12000			t Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		-	Additional	
22			27					to the second se		Fee Re		-
City & State			City & State					6. Election Campaign Financing			May Be	1
23			Zip Country				}	Trust Fund Contribution		Added t	o Fees	-
Zip	Country	Ь	Zip		ntry	' •		8. This corporation owes the current year			□No	
24 25			29 30					Personal Property Tax. 10. Name and Address of New Register	YXY			┨
	9. Name and Address of Current	t Regis	stered Agent		81	Name		10. Manie and Address of New Register	en Wâeii	<u></u>		1
DES	MARAIS, YVES					· · · · · ·						1
1551 S 30TH AVE			•			Street A	ddres	s (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020					83							1
					33			<u> </u>				
					84	City			- L 85	Zip C	Code	
44 5		2 and C	207 4E08 Electedo Statut	oc the s		L Damed 6	ornor	ation cubmite this statement for the numose	of chang	ding its	registered	1
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.										ļ		
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable (NOTE	- Registered	Anen	nt signature reg	outred w	hen reinstating) DATE				۔ ا
12.	OFFICERS AN			13.	7.90	Word Control	44.00 11.	ADDITIONS/CHANGES TO OFFICERS		RECTO	RS IN 12	8
TITLE	P	☐ DELETE			1.1 TITLE					Change	Addition] {
NAME	DESMARAIS, YVES		1.2 N	1.2 NAME							1 3	
STREET ADDRESS	5400 THUROUGHBRED LANE				STREET ADDRESS							Ì
CITY-ST-ZIP	FT LAUD FL				1.4 CITY+ST+ZIP							_ გ
TITLE	V		☐ DELETE	2.1 π	TLE.					Change	Addition	۱ (
NAME	DESMARAIS, PAUL			2.2 NA								
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CITY-ST-ZIP	HOLLYWOOD FL		2.4 C	ITY-S	ST-ZIP]	
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NAME	DESMARAIS, GILLES	-		3.2 NA	3.2 NAME							1
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CITY-ST-ZIP	HOLLYWOOD FL			3.4. C	3.4. CITY-ST-ZIP							1
TITLE	\$ DELETE		4.1 TI	4.1 TITLE					Change	Addition		
NAME	DESMARAIS, LUC		•	4. 2 N	AME							
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CITY-ST-ZIP	SUNRISE FL			4.4 CI	4.4 CITY-ST-ZIP							
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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.

✓ SIGNATURE:

DESMARAIS

(954)920- 6009