## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



593552

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90009 041 \*\*\*550.00



OLD WORLD WOODCRAFTERS, INC.						
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						HAN BUBH BUBH BUBH BUBH BUBH BUBH BUBH
Principal Place	e of Business	Mailing Address			- I (BB(B) bring ibide (iid) Andi oring	riat miaji aikit aiasi aiait aiati aisit inas
1961 10TH AVE		1961 10TH AVE.				
LAKE WORTH FL 33461 LAKE WORTH FL 33461						
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	
		a Mailing Address			11/08/1978 4. FEI Number	Applied For
<del>-</del> i ·	ace of Business	2a. Mailing Address			59-1876632	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	,- <b>+</b>			\$8.75 Additional
22	., 213.	27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current	
24	25	29	30		Intangible Personal Property.	Yes No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		al III	10. Name and Address of New Reg	istered Agent
CCL	JUNACHED DODEDT M			31 Name		
	HUMACHER, ROBERT M. O DILLMAN RD		Ī	32 Street Add	dress (P.O. Box Number is Not Acceptable	)
	ALM BEACH FL 33413		_	10		
** '	ABII BEACHTE SOFTS		1	13		
				34 City		FL 85 Zip Code
44 Burguent	to the provisions of sections 607 0502	and 607 1508 Florida Statute	e the aho	e-named com	oration submits this statement for the purpo	ose of changing its registered
office of I	registered agent or both in the State (	ot Florida. Such change was a	nutnorized	ny tne comoora	tion's board of directors. I hereby accept the	ne appointment as registered
agent. I a	am familiar with, and accept the obliga	tions of, section 607.0505, Fig	onda Statu	tes.		
SIGNATURE .	Signature, typed or printed name of registered agent	and tritle if applicable. (No	OTE: Register	d Agent signature re	equired when reinstating)	DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND	<del>``</del> .	OTE: Register	d Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFIC	
		<del>``</del> .				
12.	OFFICERS AND	D DIRECTORS	13.	E		ERS AND DIRECTORS IN 12
<b>12</b> .	P SCHUMACHER, ROBERT M. 6220 DILLMAN RD	D DIRECTORS	13. 1.1 TITE 1.2 NAM	E		ERS AND DIRECTORS IN 12
12. TITLE NAME	P SCHUMACHER, ROBERT M. 6220 DILLMAN RD W PALM BCH FL	D DIRECTORS	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CIT	E E EET ADDRESS		ERS AND DIRECTORS IN 12  Change Addition
12. TITLE NAME STREET ADDRESS	P SCHUMACHER, ROBERT M. 6220 DILLMAN RD W PALM BCH FL STV	D DIRECTORS	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITE	E E EET ADDRESS -ST-ZIP		ERS AND DIRECTORS IN 12
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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 of changed, or on an attachment with an address.

CR2E034 (5/99)