## 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

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90066 001 \*\*\*158.75

DOCUMENT	#	637	073
1. Corporation Name		<b>OO</b> .	<b>.</b>

WOODWORKING UNLIMITED, INC.

Principal Place	of Rusiness	Mailing Address					AIRN BION BION	1911 B1911 1991
•		1050 NORTHWEST 54TH STRE	FT					
***************************************		FORT LAUDERDALE FL 33309				}		
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		}
		<u> </u>				09/21/1979		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	<u></u>	plied For
21		26		··		59-1936976	<del></del> -	ot Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired 💹		Additional equired
22		27						
City & State	•	City & State			-	6. Election Campaign Financing Trust Fund Contribution		_May Be to Fees
23	Country	Zip	Country	,		8. This corporation owes the current year for		10 1 663
Zip		<del>-</del>	, '			Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		J.—			10. Name and Address of New Registered		
	3. Name and Address of Content	ritegistered rigeric	81	Name				
VITAL	le, beverly a.	•	<u> </u>				· · ·	
	NORTHWEST 54TH STREET		82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)		ì
FOR1	TLAUDERDALE FL		83					
			84	City		F	85 Zip	Code
11 Pursuant f	o the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the abov	e-named o	corpor	ration submits this statement for the ournose i	of changing its	registered
office or re	edistered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corpo	ration	's board of directors. I hereby accept the app	ointment as re	igistered
agent. I an	n familiar with, and accept the obligat	ions of, Section 607.0505, Fiorida	Statutes	٠.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if apolicable. (NOTE: Rec	istered Age	nt signature re	aquinad v	when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	P	□ DELETE	1.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME	VITALE, C. KENNETH	·	1.2 NAME	)				*
STREET ADDRESS	530 N.E. 46TH STREET		1.3 STREE	T ADDRESS		•		Ī
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-S	T-ZIP				
TITLE	VS	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	VITALE, BEVERLY A.		2.2 NAME	Ì	P/S	ς ,		]
STREET ADDRESS	530 N.E. 46TH STREET		2.3 STREE	T ADDRESS				1
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-3	ST-ZIP				
TITLE	-T	DELETE	3.1 TITLE				Change	Addition
NAME	BELLOTTI, KERRIE		3.2 NAME	Ì	V/1	<b>T</b>		ſ
STREET ADDRESS	4630 N.E. 1ST TERR.		3.3 STREE	T ADDRESS				}
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-5	ST-ZIP				
TITLE	AS	☐ DELETE	4.1 TITLE				(X) Change	☐ Addition
NAME	VITALE, KENNETH S		4.2 NAME	)				{
STREET ADDRESS	10708 N.W. 12TH MANOR		4.3 STREET ADDRESS		384	40 BISCAVNE DRIVE		<b>\</b>
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-S	T-ZIP	WIN	VŤEŘ ŠŘŘÍNGS, FL. 32708		
TITLE	AT	☐ DEFELE	5,1 TITLE	)		, .	Change	☐ Addition
NAME	VITALE, GLEN A.		5.2 NAME			· ·		
STREET ADDRESS	141 N.E. 51 STREET	,		T ADDRESS				{
CITY-ST-ZIP	FT.LAUDERDALE FL	<del></del>	5.4 CITY-S	T- ZIP	L			
TITLE		☐ DELÉTE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME	ļ				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			6.4 CITY-S			ection 119 07/3/i): Florida Statutes I further o	. A	information

f. 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:

Decely Claso

1/20/99

954/776-4961