

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 AUG 28 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F45344 (1)
 1. Corporation Name
MASTERWORKS IN WOOD, INC.



Principal Place of Business 11559 LOIS CROSS DR. JACKSONVILLE FL 32258	Mailing Address 11559 LOIS CROSS DR. JACKSONVILLE FL 32258
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1981		3a. Date of Last Report 07/17/1996	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
4. FEI Number 59-2110150		Applied For <input type="checkbox"/> Not Appl cable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
GRAHAM, CLAUDE E., III
11559 LOIS CROSS DR.
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAHAM, CLAUDE E., III	
STREET ADDRESS	11559 LOIS CROSS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAHAM, ANNE C.	
STREET ADDRESS	11559 LOIS CROSS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	300002283043--1	
2.4 CITY-ST-ZIP	-09/02/97--01161--016	
3.1 TITLE	***165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***165.00	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

Handwritten initials and date: JB 8-29-97

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 attachment with an address.

CR2E034 (4/97)

MASTERWORKS IN WOOD, INC.
11559 LOIS CROSS DRIVE
JACKSONVILLE, FL 32258

August 25, 1997

Division of Corporations
Attn: Annual Reports
Post Office Box 6327
Tallahassee, FL 32314

RE: FEI NUMBER 59-2110150
MASTERWORKS IN WOOD, INC.

To Whom It May Concern:

As per my conversation with a representative of Annual Reports Division, I am forwarding my annual fee of \$165.00 for the above reference. I did not receive the first notice, but only received the second notice the week of 8/18/97. Your acceptance of the first notice fee of \$165.00 is appreciated.

Sincerely,

MASTERWORKS IN WOOD, INC.



Anne C. Graham
Treasurer/Secretary

/acg