

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F51928 (2)

1. Corporation Name

DANTZLER LUMBER & EXPORT COMPANY

Principal Place of Business

Mailing Address

8000 GOVERNORS SQUARE BLVD
SUITE 410
MIAMI LAKES FL 33016

8000 GOVERNORS SQUARE BLVD
SUITE 410
MIAMI LAKES FL 33016



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/30/1981	04/27/1995
4. FEI Number	Applied For
59-0213620	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOTOPULOS, THOMAS E.
315 EAST MADISON STREET
TENTH FLOOR, SUN BANK BLDG.
TAMPA FL 33602

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODINEZ, ANTONIO D.	1.2 NAME	
STREET ADDRESS	121 CAPE FLORIDA DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODINEZ, BONNIE	2.2 NAME	
STREET ADDRESS	121 CAPE FLORIDA DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, VAUGHN	3.2 NAME	
STREET ADDRESS	9360 FOUNTAINBLEAU BLVD., 105	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE	TAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEY, DENISE B	4.2 NAME	
STREET ADDRESS	3600 HIGH PINE DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, MIKE	5.2 NAME	
STREET ADDRESS	BOISE WAY	5.3 STREET ADDRESS	
CITY-STATE-ZIP	COOPER CITY FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/96 (305) 828-9666

CR2E034 (12/95)