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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G40324

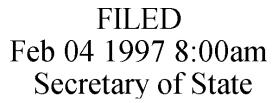
(7)

WICKER WORKSHOP, INC.

Principal Place of Business

Mailing Address

SHOO M ANIMODEUM AVE EVE





POMPANO BEACH FL 33084			POMPANO BEACH FL 33084-2115					
						3. Date Incorporated or Qualified 05/20/1983	3a. Date of La 03/28/199	· i
	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# ata	26 Suito Ar	Suite, Apt. #, etc.			59-2308461 Not Applicable \$8.75 Additional		
22	π, εισ.	27	٦			5. Certificate of Status Desired	7	Bequired
City & Stat	c		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	,			Trust Fund Contribution	provide the second	ied to Fees
Zφ	Country	Zip		Country		8. This corporation has liability for it		er s. 199.032,
24	25 9. Name and Address of Cu	29	30	<u>D]</u>	***************************************	Florida Statutes 10. Name and Address of New Reg	Yes No	
DΛC	SENBERG, ARTHUR R.	Helit Hegistered Age		81	Name	10. Name and Address of New Hel	listered Agent	
	5 N FEDERAL HWY			<u> </u>				
	AUDERDALE FL 33334			82	Street Addi	ress (P.O. Box Number is Not Acceptab	l 0) t	
				83				
				84	City		85	Zip Code
	han ha han ann ann an ann an an an an an an an a				•			
11. Pursuant office or ragent La	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the o	.0502 and 607.1508, f tate of Florida. Such o bligations of, Section	Florida Statutes, change was aut 607.0505, Floric	, the above horized by da Statute:	e-named corp the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changi I the appointmen	ng its registered t as registered
SIGNATURE	Signature typed or printed name of registers		WOTE 6				DATE	
12.		AND DIRECTORS	(NUIL H	13.	ont signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TOLE	PT	L	DELETE	1.1 TITLE	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Char	
NAME	SHERMAN, RONALD			1.2 NAME	1		4.0	. **
STREET ADDRESS	3100 N ANDREWS AVE EX	T.		1.3 STREET	ADDRESS			Ì
CITY - ST - 7IP	POMPANO BEACH FL			1.4 CITY-S	T-ZIP			
THLE	V\$	L	DELETE	2.1 TITLE			Char	nge 🔲 Addition
NAME	SHERMAN, MARJORY	•		2.2 NAME				
STREET ADDRESS	3100 N ANDREWS AVE EX POMPANO BEACH FL	·I•		23 STREET	1			
CITY-S1-ZIP TITLE	POMPANO DEACH FL		DELETE	2. 4 CITY-1 3.1 TITLE	SI-ZIP		☐ Cha	nge Addition
NAME		_		32 NAME				
STREET ADDRESS				33 STREET	ADDRESS			Ì
CITY-ST-ZIP				3.4. CITY-				
TITLE			DELETE	4.1 TITLE			☐ Cha	nge 🔲 Addition
NAME				4. 2 NAME				
STREET ADDRESS			,	4.3 STREET	ADDRESS			Ì
CITY-ST-7IF			T nei est	4.4 CITY - S	IT-ZIP			
TALE		Ĺ	□ DEFELE	5.1 TITLE			Cha	nge 🔲 Addition
NAME				5.2 NAME				Į
STREET ADORESS				5.3 STREET	1			İ
CITY+ ST- ZIP			DELETE	5.4 CITY - S 6.1 TITLE	i1 · ZIP		Cha	nge Addition
NAME		L	ULLLIF	6.2 NAME			الاسبا الاسبا	And The Transition
STREET ADDRESS				6.3 STREET	ADORESS	· Via		
CITY-ST-ZIP				6.4 CITY-5	ì	· ·		
AH 1, 91-51.	L			OF CHITS		15. 0. 15. 440 07(0V) Fig. 15. 0.14 4.		

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.