FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIV SION OF CORPORATIONS

DOCUMENT #

G 40324 VOK

1 Corporation Name

Wicker Workshop, Inc

Principal Place of Business

Mailing Address

3100 n Andrews Ave Ext

3100 M. Andrews Ave ExT

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90009 016 ***300.00

(POMPANO BEACH FL 33064	POMPANO Beac		Beach, F	1.FL 33064		DO NOT WRITE IN THIS SPACE			
	,						3. Date Incorporated or Qualifed 05/20/1983			
2. 21	Principal Place of Business	2a. Ma	iling Address				4. FEI Number 59 - 2308461	-	Applied For Not Applicable	
22	Suite, Apt. #, etc.	Sui 27	te, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required	
	City & State	City	y & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
	Zip Country	Zip Cou 29 30					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		_	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
Rosenberg, Arthur R					Name					
4875 1. Federal Hwy Ft Lauderdalr, FL 33334				82	82 Street Address (P.O. Box Number is Not Acceptable)					
				83	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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE 1.1 TITLE TITLE PT Sherman, Ronald 1.2 NAME NAME 3100 n. Andrews Ave ExT 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 2.1 TITLE TITLE Sherman, MARJORY 2.2 NAME NAME 3100 n Andrews Ave ExT STREET ADDRESS 2.3 STREET ADDRESS HOMPANO BEACK PL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 TITLE Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 suppliemental 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

MALLY SERVICE VP SIGNATURE AND TYPED TO PRINTED NAME OF SIGNING OFFICER OR DIRECT 5/6/99 954-979-577;

CR2E034 (11/98)