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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G42387** **(2)**

1. Corporation Name
CREATIVE WOOD, INC.

Principal Place of Business	Mailing Address
3004 S.W. 23RD LANE PEMBROKE PARK FL 33009	3004 S.W. 23RD LANE PEMBROKE PARK FL 33009-3055

2. Principal Place of Business	2a. Mailing Address
21 4700 S.W. 83rd Terr	26 4700 S.W. 83rd Terr
Suite, Apt. #, etc.: 22 Bay 2	Suite, Apt. #, etc.: 27 Bay 2
City & State: 23 Davie,Florida	City & State: 28 Davie,Florida
Zip: 24 33328 Country: 25 U.S.A	Zip: 29 33328 Country: 30 U.S.A

3. Date Incorporated or Qualified: 06/06/1983
3a. Date of Last Report: 04/26/1996
4. FEI Number: 65-0247790 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LABER, DANIEL 3004 S.W. 23RD LANE PEMBROKE PARK FL 33009	81 Name: Daniel Laber 82 Street Address (P.O. Box Number is Not Acceptable) 83 2383 N.W. 111th Ave 84 City: Sunrise FL 85 Zip Code: 33322

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	PV ☐ DELETE	1.1 TITLE	President ☐ Change ☐ Addition
NAME	DANIEL LABER	1.2 NAME	Daniel Laber
STREET ADDRESS	3004 S.W. 23RD LANE	1.3 STREET ADDRESS	2383 N.W. 111th Ave
CITY-ST-ZIP	PEMBROKE PARK FL	1.4 CITY-ST-ZIP	Sunrise,Florida 33328
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Daniel Laber 3-21-97 954-680-8072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #