


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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H89323 (0)					
1. Corporation Name BIRCHWOOD SALES INC.					
Principal Place of Business % RONALD MARCHESSAULT 347 N BIRCH RD FT LAUDERDALE FL 33304-4241 US			Mailing Address 105 LAKE EMERALD DR #316 FT LAUDERDALE FL 33309-6221 US		
2. Principal Place of Business 21 347 N. BIRCH RD Suite, Apt. #, etc.		2a. Mailing Address 26 4503 NW 48 AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/11/1985	
22. City & State 23 F.L. FLA Zip 24 33304		27. City & State 28 F.L. FLA Zip 29 33319		3a. Date of Last Report 02/07/1996	
25. Country		30. Country		4. FEI Number 59-2624184	
9. Name and Address of Current Registered Agent MARCHESSAULT, RONALD 347 NORTH BIRCH ROAD FT. LAUDERDALE FL 33304				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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] DATE: 1-10-97				3b. Applied For <input type="checkbox"/> Not Applicable	
12. OFFICERS AND DIRECTORS				10. Name and Address of New Registered Agent	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				81. Name MARCHESSAULT RONALD	
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.				82. Street Address (P.O. Box Number is Not Acceptable) 4503 NW 48 AVE	
15. SIGNATURE: [Signature] 1-10-97 7651342				83. City FORT LAUDERDALE FL	
16. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				84. Zip Code 33319	

CR2E034 (9/96)