

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K40180** (7)

1. Corporation Name  
**OLAF'S CUSTOM WOOD WORK, INC.**



Principal Place of Business <b>2640 S BAYSHORE DR COCONUT GROVE FL 33133 US</b>	Mailing Address <b>2640 S BAYSHORE DR COCONUT GROVE FL 33133-5424 US</b>
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3. Date Incorporated or Qualified **10/20/1988** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 21. <b>615 SW 2 AVE</b> Suite, Apt. #, etc. 22. City & State 23. <b>MIAMI FL.</b> Zip 24. <b>33130</b> 25. Country	2a. Mailing Address 26. <b>615 SW 2 AVE</b> Suite, Apt. #, etc. 27. City & State 28. <b>MIAMI FL.</b> Zip 29. <b>33130</b> 30. Country
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4. FEI Number <b>65-0075982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**STENSRUD, OLAF**  
**2640 S BAYSHORE DR**  
**A-103**  
**COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>STENSRUD, OLAF</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>16851 NE 23 AVE A-103</b>	<input type="checkbox"/> DELETE
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33193</b>	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Olaf Stensrud* **OLAF STENSRUD** 4/22-97-286-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)