

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K41175** (6)
1. Corporate Name
OLIVERI WOODWORKING, INC.

Principal Place of Business: **905 N. RAILROAD AVE. WEST PALM BEACH FL 33401**
Mailing Address: **905 N. RAILROAD AVE. WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/26/1988	3a. Date of Last Report 11/14/1994
4. FEI Number 65-0093065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has authority to transact business under § 199.035, Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. []	26. []
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. []	29. []
25. []	30. []

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOEPPEL, JOEL P. 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH FL 33401		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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/	
TITLE	D	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERI, VINCENT S.	1. NAME	
STREET ADDRESS	214 CHILEAN AVENUE	1. STREET ADDRESS	905 N. RAILROAD AVE
CITY & STATE	PALM BEACH FL	1. CITY & STATE	WEST PALM BEACH, FL 33401
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		2. CITY & STATE	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is as true and correct as I am able to ascertain. I further certify that the information is true and correct as of the date of filing and that my signature shall have the same legal effect and that I understand that I am an officer or director of the corporation for the purpose of transacting business in the State of Florida. I am not a resident of Florida and my name appears in Block 13 of this filing as an addition with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Vincent S. Oliveri, Pres 4/28/95** 407 8331770