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

FILED Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (8)L39581 WALKER'S WOOD MARKETING NORTH AMERICA INC. Principal Place of Business Mailing Address 6187 N.W. 167 STREET 6187 N.W. 167 STREET UNIY H 29 UNIY H 29 MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified 12/26/1989 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0264285 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CELIA DIXON-CHAMBERS 20110 N.W. 9TH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33023 83 Zip Code 84 City 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 DELETE Change Addition TITLE 1 1 TOLE DIXON-CHAMBERS, CELIA NAME 1.2 NAME CR2E034 20110 N.W. 9TH DRIVE STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition EDWARDS, RHODERICK M NAME 2.2 NAME **BRAMFIELD RO WHENHASTON HALESWORTH** STREET ADDRESS 2.3 STREET ADDRESS SUFFOLK UN CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MITCHELL, WOODROW NAME 3.2 NAME **BROMLEY WALKERSWOOD** STREET ADDRESS 3.3 STREET ADDRESS ST. ANN JA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MCFARLANE, JOHN NAME 4. 2 NAME **BROMLEY WALKERSWOOD** STREET ADDRESS 4.3 STREET ADDRESS ST. ANN JA CITY-\$1-ZIP ITY-ST-ZIP DELETE Change Addition TITLE ΙF BURKE, VIRGINIA NAME 6187 N.W. 167TH STREET STREET ADDRESS LET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate of 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.

DELETE

ST-ZIP

EET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY - ST - ZIP

TITLE NAME STREET ADDRESS MIAMI FL

Celia Seron Change OFLIA DIXON- CHAMBERS 04/15/98

Change

Addition