

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90068 035 \*\*\*158.75

DOCUMENT # L39581

1. Corporation Name

WALKER'S WOOD MARKETING NORTH AMERICA INC.

Principal Place of Business

6187 N.W. 167 STREET  
UNIV H 29  
MIAMI FL 33015

Mailing Address

6187 N.W. 167 STREET  
UNIV H 29  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1989

4. FEI Number

65-0264285

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CELIA DIXON-CHAMBERS  
20110 N.W. 9TH DRIVE  
PEMBROKE PINES FL 33023

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME DIXON-CHAMBERS, CELIA  
STREET ADDRESS 20110 N.W. 9TH DRIVE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VP ☐ DELETE  
NAME EDWARDS, RHODERICK M  
STREET ADDRESS BRAMFIELD RD WHENHASTON HALESWORTH  
CITY-ST-ZIP SUFFOLK UN

TITLE D ☐ DELETE  
NAME MITCHELL, WOODROW  
STREET ADDRESS BROMLEY WALKERSWOOD  
CITY-ST-ZIP ST. ANN JA

TITLE D ☐ DELETE  
NAME MCFARLANE, JOHN  
STREET ADDRESS BROMLEY WALKERSWOOD  
CITY-ST-ZIP ST. ANN JA

TITLE D ☐ DELETE  
NAME BURKE, VIRGINIA  
STREET ADDRESS 6187 N.W. 167TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME BURKE, VIRGINIA  
5.3 STREET ADDRESS DIRECTOR  
21 CENTRAL AVENUE  
5.4 CITY-ST-ZIP KINGSTON 10 JAMAICA W.I

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Celia Dixon-Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 20 99

Date

305 556 4715

Daytime Phone #

CR2E034 (11/98)

0132146