

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 06, 1999 8:00 am
Secretary of State

03-06-1999 90104 030 ***150.00

DOCUMENT # M04365

1. Corporation Name
WOOD-CHIP DESIGNS, INC.

Principal Place of Business
2521 N.E. 4TH AVE.
POMPANO BCH. FL 33064

Mailing Address
2521 N.E. 4TH AVE.
POMPANO BCH. FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1984

4. FEI Number
59-2464856

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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 1749 NW 27th Court
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

22 Pompano Bch, FL
City & State

27
City & State

23 33064 USA
Zip Country

28
Zip Country

24
25
29
30

9. Name and Address of Current Registered Agent

EDEN, GARY
2521 N.E. 4TH AVE.
POMPANO BCH. FL 33064

10. Name and Address of New Registered Agent

81 Name Eden, Gary
82 Street Address (P.O. Box Numbers Not Acceptable)
83 1749 NW 27th Court
84 City Pompano Bch, FL 85 Zip Code 33064

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 DP
NAME EDEN, GARY
STREET ADDRESS 2521 NE 4TH AVE.
CITY-ST-ZIP POMPANO BEACH FL

TITLE DS
NAME EDEN, GINNY
STREET ADDRESS 2521 NE 4TH AVE.
CITY-ST-ZIP POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 1749 NW 27th Court
1.4 CITY-ST-ZIP Pompano Bch, FL 33064

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1749 NW 27th Court
2.4 CITY-ST-ZIP Pompano Bch, FL 33064

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 (954) 956-9663
Date Daytime Phone #

CR2E034 (1/198)

0160830