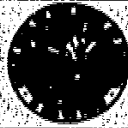


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:15

DOCUMENT # N28990 (2)
1. Corporation Name
SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**C/O KARL MILLER
4644 ROCKWOOD CIRCLE NORTH
FT. MYERS FL 33903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1988	3a. Date of Last Report 02/07/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MILLER, KARL
4644 ROCKWOOD CIRCLE NORTH
FT. MYERS FL 33903**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DS
NAME	HENRICHON, BEVERLY
STREET ADDRESS	11311 APOPLIN AVE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	BARRY THOMAS
NAME	9200 WYATTSON LOT 382
STREET ADDRESS	NORTH FT. MYERS FL
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	BOYD, ART
STREET ADDRESS	20225 MT. PROSPECT AVE.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	PD
NAME	MILLER, KARL
STREET ADDRESS	4644 ROCKWOOD CIRCLE N.
CITY-ST-ZIP	FT. MYERS FL
TITLE	VP
NAME	BORRIS JACK
STREET ADDRESS	7850 4TH STREET N.
CITY-ST-ZIP	SMELLAS PARK FL
TITLE	VP
NAME	NORMAND MICHAUD
STREET ADDRESS	2241 GULFVIEW RD
CITY-ST-ZIP	PUNTA GORDA FL 33950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Russell Boyd
1.3 STREET ADDRESS	1064 N. Tamiami Trail #28
1.4 CITY-ST-ZIP	North Fort Myers, FL 33903
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAWRENCE FELTON
2.3 STREET ADDRESS	1103 S.E. 38TH. TER.
2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP Normand Michaud
3.3 STREET ADDRESS	2241 Gulfview Rd.
3.4 CITY-ST-ZIP	Punta Gorda, FL 33950
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed (or on an attachment with an address).

SIGNATURE: *Karl E. Miller* Date: *April 10, 95* 813 997-1914