

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 006 ****61.25

DOCUMENT # N98000003253

1. Corporation Name

THE CARPENTER'S CENTER, INC.

Principal Place of Business

4375 GARDENIA DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address

4375 GARDENIA DRIVE
PALM BEACH GARDENS FL 33410



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	4422 DAFFODIL CR. SO	06/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0843925	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent

LEITCH, WILLIAM H
4375 GARDENIA DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
	4422 DAFFODIL CR. SO
83	
84	City
	FL
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEITCH, WILLIAM H			1.2 NAME	Leitch, William H.		
STREET ADDRESS	4375 GARDENIA DRIVE			1.3 STREET ADDRESS	4422 DAFFODIL CR. SO		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEITCH, SANDRA J			2.2 NAME	Leitch, Sandra J		
STREET ADDRESS	4375 GARDENIA DRIVE			2.3 STREET ADDRESS	4422 DAFFODIL CR. SO		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURINGTON, DAVID			3.2 NAME	CURINGTON, David		
STREET ADDRESS	C/O 4375 GARDENIA DRIVE			3.3 STREET ADDRESS	1060 E. DOLPHIN DR		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			3.4 CITY-ST-ZIP	STUART, FL 34996		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	ARMSTRONG, Mitch	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	5413 RIVER PLANTATION RD.		
STREET ADDRESS				4.3 STREET ADDRESS	Lake Worth, FL 33463		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Faircloth, R.G.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	12766 Hwy. #401 S.E. #40		
STREET ADDRESS				5.3 STREET ADDRESS	OKOCHOBE, FL 34974		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)