

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008051 (4)**

1. Corporation Name

**WOODCRAFTERS TOYS AND PUZZLES, INC.**

Principal Place of Business

1541 NORTH POWERLINE ROAD  
POMPANO BEACH FL 33069-1690

Mailing Address

1541 NORTH POWERLINE ROAD  
POMPANO BEACH FL 33069-1690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/30/1992**

3a. Date of Last Report  
**04/29/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
**65-0374746**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

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

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under G. 100.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**FRYBURG, DAVID  
1541 NORTH POWERLINE ROAD  
POMPANO BEACH FL 33069-1690**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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)* Title of registered agent and the corporation

NOTE: Registered Agent signature required when registering

D-11

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **FRYBURG, ALEX**  
STREET ADDRESS **9903 NW 39TH CT**  
CITY, ST, ZIP **CORAL SPRGS FL**

TITLE **D**  
NAME **FRYBURG, DAVID**  
STREET ADDRESS **11100 NW 24TH STREET**  
CITY, ST, ZIP **CORAL SPRINGS FL 33065**

TITLE **D**  
NAME **FRYBURG, ROBERT**  
STREET ADDRESS **7901 S. WOODRIDGE DR.**  
CITY, ST, ZIP **PARKLAND FL 33067**

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

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 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)(b), Florida Statutes. I further certify that the information included in this annual report or business 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 its authorized agent or authorized to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

*(Signature)*  
**DAVID FRYBURG - DIRECTOR**

5/1/95  
Date

Daytime Phone #