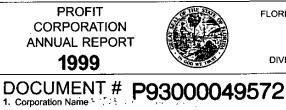
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90086 049 ***150.00

COUNTR	IT PINE WHULESALE, INC.									\$
Principal Place	e of Business	Mailing Address					\$ (80)(80) the sein this this south a	8111 88 111 88 111 8	1010 10101 01111	19818 1191 1881
	E WHOLESALE INC IRT CENTER DR 33442	COUNTRY PINE WHOLESALE INC 1240 E NEWPORT CENTER DR DEERFIELD FL 33442 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
	<u>,</u>						07/15/1993			
2. Principal Pl	2a. Mailing Address					4. FEI Number		<u>`</u>	plied For	
21		26					65-0423987			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired
22 City 8 City		City & State					6 Clastica Campaign Financing		\$5.00	
City & State	e · · ·	28					Election Campaign Financing Trust Fund Contribution		•	may be to Fees
Zip	Country	Zip	Co	untry			8. This corporation owes the cur	rent vear Int		
24	25	29	30	,			Personal Property Tax.		Yes	□No
24	9. Name and Address of Current		1001	Τ''''		1	10. Name and Address of New	Registered	Ager	
		<u> </u>		81	Name					
MOL	YNEUX, BERNARD			92	Chanat	N	(P.O. Box Number is Not Accept	able)		
1240 E NEWPORT CENTER DR				82	Street	Address	(P.O. Box Number is Not Accept	able)		
DEE	RFIELD BCH. FL 33442			83						
									BE Zin	Code
				84	City			FL	85 Zip	Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida, Such change was a lions of, Section 607.0505, Flo	uthonze rida Sta	d by tutes.	tne corpo	oration s	non submits this statement for the board of directors. I hereby acce	pt the appoi	ntment as re	egistered
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13		t signature re	aquireo wne	ADDITIONS/CHANGES TO O		ID DIRECTO	ORS IN 12
TITLE	D OFFICERS AN		DELETE 1.1 T			D	, and the state of		Change	Addition
NAME		OLYNEUX, BERNARD		1.2 NAME			ineux.Bernard			
STREET ADDRESS	570 GOLDEN HARBOUR DRIVE	:	1.3 5	STREET	ADDRESS	120	ineux, Bernard Standoway Lane			
CITY-ST-ZIP	BOCA RATON FL 33432	-		วกรา	- 1	Dole	ray Beach #3348	3		
TITLE	2007(10110111200102	☐ DELETE		ITLE			110011	/	Change	Addition
NAME			2.21	IAME						
STREET ADDRESS			2.3 9	TREET	ADDRESS					
CITY-ST-ZIP			2.4	CITY-S	T-ZIP		•			
TITLE	-	☐ DELETE		TTLE					☐ Change	☐ Addition
NAME			3.2 1	AME	}					!
STREET ADDRESS			3.3 5	STREET	ADDRESS					
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP					
TITLE		☐ DELETE	4.11	TITLE					☐ Change	☐ Addition
NAME			4.2	NAME						
STREET ADDRESS			4.3 5	STREET	ADDRESS					
CITY-ST-ZIP	• ,		4.4 {	CITY-ST	r-ZIP					
TITLE	1.2 m 122	☐ DELETE	5.1	ITTLE					☐ Change	Addition
NAME	9		5.21	NAME	- 1					
STREET ADDRESS			5.3 5	STREET	ADDRESS					
CITY+ST-ZIP				CITY-S	T-ZIP					
TITLE		☐ DELETE		TITLE	l				☐ Change	☐ Addition
NAME			6.21	MAME						
STREET ADDRESS	İ		629	TOCCI	ADDRESS					
CITICETTOOTICS			0.3	DIREC	ADDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-4811919 Daytime Phone #

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