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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000077521 (1)

WOODVERKS OF SARASOTA, INC.

FILED May 09 1997 8:00am Secretary of State

Principal Place of Business \$388 CATALYST AVENUE SARASOTA FL 34233		Mailing Address 5388 CATALYST AVENUE SARASOTA FL 34233-34					114		
						Date Incorporated or Qualifie		Date of Last 24 1996	Report
2. Principal Place of Business	}	2a. Mailing Address				FEI Number	1	A	pplied For
Suite, Apt #, etc.	2	Suite, Apt. #, etc.				65-0447895			lot Applicable Additional
22	2		, ,		5.	Certificate of Status Desired		····	Required
City & State	2	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Cou	ntry		This corporation has liability	for intangibl	e tax under	
24 25	2		30			Florida Statutes		No	······································
	Address of Current Rep	gistered Agent		81 Name	10.	Name and Address of New	Registered	Agent	
STEARNS, JEFF	MCNI IC		ĺ						
5388 CATALYST A SARASOTA FL 342				82 Street A	ddress (P.	O. Box Number is Not Accep	otable)		
0/44/00/11/12/01/2				83					
				84 City	, , , , , , , , , , , , , , , , , , , 			65 Zip	Code
				_			Fl		
11. Pursuant to the previsions office or registered agent, agent I am familiar with, a	or both, in the State of Flo	d 607,1508, Florida Stat orida, Such change wa:	tutes, the ai s authorize	ove named of by the corpo	corporation oration's b	i submits this statement for tr pard of directors. I hereby ac	e purpose copt the ap	or changing pointment a	ns registered s registered
agent Lam familiar with a	and accept the obligations	s of, Section 607.0505,	Florida Stat	utes.					
SIGNATURE	inted name of registered agent and			d Agent signature re			DATE	······································	
SIGNATURE Signature typed or re	inted name of registered agent and OFFICERS AND DIF	tite if applicable (N			required when I		DATE		
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4. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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.

SIGNATURE:

CONATURED TO TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

4/29/97

Daytime Phone #