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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400009751 (6)

WOODBINE CARPENTRY INC.

Principal	Place	of	Business	
•			1	

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



	N WOODS LANE BEACH FL 33417	6099 NEWTO WEST PALM					DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualified 01/25/1994	PACE		
	lace of Business	2a. Mailing A	ddress				4, FEI Number	T	Applied For	
21 Suite, Apt.	# pic	Suite, Apt	# elc				65-0466259	\$0.	Not Applicable 75 Additional	
22		27					5. Certificate of Status Desired		e Required	
City & State		City & Sta	ite				6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country	Ζηρ 29		Coun	iry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt yea Yes	r Intangible No	
	g, Name and Address of Curre	nt Registered Age	nt				10. Name and Address of New Registered Ag	gent		
FE1	CHTEL, RAYMOND) 8	31	Name			Ì	
6099 NEWTON WOODS LANE WEST PALM BEACH FL 33417			6	32	Street Addre	ss (P.O. Box Number is Not Acceptable)				
				[8	33					
				8	14	City	FI.	85	Zip Code	
SIGNATURE	to the provisions of Sections 607.05t egistered agent, or both, in the State or familiar with, and accept the oblig Signature, typod or proted name of organized as					-named corpo the corporatio	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hangi Intmen	ng its registered it as registered	
12.		ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND I	DIREC	TORS IN 12	
TITLE	D		DELETE	1.1 T(TL)	E				nge 🔲 Addition	
NAME	FECHTEL, RAYMOND			1.2 NAM	1E				[:	
STREET ADDRESS	6099 NEWTON WOODS LAN			1.3 STRE	ET A	ADDRESS			li li	
CITY-ST-ZIP	WEST PALM BEACH FL 334		DELETE	1.4 CITY		- 2IP		T ou		
TITLE			DELETE	2.1 TITLE 2.2 NAM		}		Chai	nge L. Addition (
NAME STREET ADDRESS	•					ADDRÉSS				
CITY-ST-ZIP				2. 4 CITY						
TITLE			DELETE	3.1 TITLE				Char	nge Addition	
NAME				3.2 NAM	IE				Ì	
STREET ADDRESS				3.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP			DELETE	3.4 CITY		I - ZIP		T 65		
TITLE		L	DELETE	4.1 Tritle			.	Chai	nge L Addition	
NAME Street address				4. 2 NAN		address			<u> </u>	
CITY-ST-ZIP				4.3 STRE						
TITLE			DELETE	5.1 TITUS				Char	nge	
NAME				5.2 NAM	E		•			
STREET ADDRESS				5.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP		·-·		5.4 City	- ST	- ZIP				
TITLE			DELETE	6.1 THLE	F			Char	nge Addition	
NAME				6.2 NAM	-					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4 CITY	· ST-	- ZIP				

14. Thereby 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 trusted 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 altachment with an address.

CICKLATUDE.

I Total

119108 (561)687-8218