

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049059 (6)

1. Corporation Name

WOOD YOU OF LAUDERHILL, INC.



Principal Place of Business

Mailing Address

101 LAWRENCE BLVD.
SUITE 201 NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

101 LAWRENCE BLVD.
SUITE 201 NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

2a. Mailing Address

21 298 LAWRENCE BLVD

26 P O Box 1118

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 KEYSTONE HEIGHTS, FL

27 City & State
28 KEYSTONE HEIGHTS, FL

24 Zip 32656 25 Country USA

29 Zip 32656 30 Country USA

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
03/02/1995

4. FEI Number

65-0504852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWELL, PAUL D
101 LAWRENCE BLVD.
SUITE 201 NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

81 Name

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

83

84 City

FL

85 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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DRAPER, H E
STREET ADDRESS 13 EMERY LANE PO BOX 1118
CITY-ST-ZIP KEYSTONE HGTS FL 32656

☐ DELETE

TITLE D
NAME DRAPER, PATRICIA S
STREET ADDRESS 13 EMERY LANE PO BOX 1118
CITY-ST-ZIP KEYSTONE HGTS FL 32656

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)