

**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 FEB 16 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000052459 (2)**

1. Corporation Name

**WOOD SPECIALTIES, INC.**

Principal Place of Business

1061 SINGER DR.  
SINGER ISLAND FL 33404

Mailing Address

1061 SINGER DR.  
SINGER ISLAND FL 33404

**900001410039**  
-02/20/95--01042--002  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0508806

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Examined

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: DVST  
NAME: ZURTSKY, SIDNEY  
STREET ADDRESS: 1061 SINGER DR.  
CITY, ST, ZIP: SINGER ISLAND FL 33404

TITLE: P  
NAME: SILVERMAN, ALLAN D  
STREET ADDRESS: 1061 SINGER DR.  
CITY, ST, ZIP: SINGER ISLAND FL 33404

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

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

2/16/95  
NSJ

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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: X

*Sidney Zurtsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/30/95  
DATE

407-844-2221  
TELEPHONE NO.