

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:47

DOCUMENT # **P94000059905 (7)**

1. Corporation Name
E. & L. WOONSAM, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
19505 QUESADA AVE., BOX 422 **19505 QUESADA AVE., BOX 422**
PORT CHARLOTTE FL 33948 **PORT CHARLOTTE FL 33948**

3. Date Incorporated or Qualified **08/11/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **3300 Bonita Beach Rd** 25
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Unit 122** 27
City & State City & State
23 **Bonita Sp FL** 28
Zip Country Zip Country
24 **33923** 25 **Lee** 29 30

4. FEI Number **65-0527877** 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
MATTSON, RICK A
7113 FIRST AVE. SOUTH
ST. PETERSBURG FL 33707

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 of corporation) (Typed Registered Agent signature required when substituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WOONSAM, ERNEST J
STREET ADDRESS	70 TURTLECREEK BLVD.
CITY, ST, ZIP	BRAMPTON, ONTARIO, CANADA L6W-3Y1
TITLE	D
NAME	WOONSAM, LORNA M
STREET ADDRESS	70 TURTLECREEK BLVD.
CITY, ST, ZIP	BRAMPTON, ONTARIO, CANADA L6W-3Y1
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information submitted in 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. 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 13 of this report or on an attachment thereto.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ernest J. WOONSAM Pres

1-10-95 813-498-9919
Date (Typed Name)