

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

NO

FILED

Jul 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000079704 (0)

1. Corporation Name

WOOD YOU OF ORLANDO, INC.

Principal Place of Business

2160 WHISPER LAKES BLVD.  
ORLANDO FL 32837-6762

Mailing Address

2160 WHISPER LAKES BLVD.  
ORLANDO FL 32837-6762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1994	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3281482	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

FERRELL, JAMES  
2160 WHISPER LAKES BLVD.  
ORLANDO FL 32837-6762

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME FERRELL, JAMES STREET ADDRESS 2160 WHISPER LAKES BLVD. CITY-ST-ZIP ORLANDO FL 32837-6762 <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME FERRELL, PATRICIA STREET ADDRESS 2160 WHISPER LAKES BLVD. CITY-ST-ZIP ORLANDO FL 32837-6762 <input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	1.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	2.2 NAME
TITLE <input type="checkbox"/> DELETE	2.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	3.2 NAME
TITLE <input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	4.2 NAME
TITLE <input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	5.2 NAME
TITLE <input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	6.2 NAME
TITLE <input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address.

SIGNATURE

7/18/97 (407) 8260384