

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007771 (5)

1. Corporation Name

D.S. WOODWORKING ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4701 NORTH FEDERAL HIGHWAY
SUITE 300 BOX B-6
LIGHTHOUSE POINT FL 33064

4701 NORTH FEDERAL HIGHWAY
SUITE 300 BOX B-6
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, REBECCA H
4651 SHERIDAN STREET
SUITE 325
HOLLYWOOD FL 33021-3449

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 date of signature

(Print Name of Agent) Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SLICHTER, H T
STREET ADDRESS 4701 NORTH FEDERAL HWY SUITE 300 BOX B-6
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

DELETE

TITLE D
NAME SLICHTER, MARIE A
STREET ADDRESS 4701 NORTH FEDERAL HWY SUITE 300 BOX B-6
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

5621 HANCOCK RD
DAVIE, FL 33330

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

5621 HANCOCK RD
DAVIE, FL 33330

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

MARIE A. SLICHTER MARIE A. SLICHTER

4/22/96

(954) 434-4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)