	FLORIDA DE Sand Sec DIVISION DE SOCIETA DE COMPANS DE COMPANS DIVISION DE COMPANS DE COM	PARTMENT ATE dra B. Mortha retary of Stat OF CORPOR INS		
MAINELY WOODWORK, INC Principal Place of Business 11621 NW. 3RD DRIVE CORAL SPRINGS FL 33071	Mailing Address 11621 NW. 3RD D CORAL SPRINGS	RIVE FL 33071	Date Incorporated or Qualified	3a. Date of Last Report
Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address		03/15/1995 4. FEI Number 65 - 0567999	Applied For Not Applicable
	Suite, Apt. #, etc. 27 City & State 28		Certificate of Status Desired Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be
Zip Country 24 25 9. Name and Address of Cu	Zip	Cot y 30	8. This corporation has liability or in Florida Statutes (1) Yes 10. Name and Address of New Re	Added to Fees tangible tax under s. 199.032,
ST. HILAIRE, DANIEL 11621 N.W. 3RD DRIVE CORAL SPRINGS FL 33071 11. Pursuant to the provisions of Sections 607.03 or registered agent, or being in the State of Fl familiar with, and accept the obligations of Signature	502 and 607.1508, Florida Statut orida, Such change was authorized in 607.0505, Bonda Statutes	3 4 City	ess (P.O. Box Number is Not Acceptable ation submits this statement for the purp d of directors. I hereby accept the appoin	R5 Zin Code
NAME President DAN ST. Hilaire STREET ADDRESS 11621 N.W. 3rd D CITY-ST-ZIP COTAL SPINAS I	AND DIRECTORS DELETE	TE Registers cont signature required 13. 1.1 F 12 PE 1.3 S-ET ADDRESS 1.4 0 '- ST-ZIP	when reinstating) ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DELETE	2 1 LE 22 ME 23 SIEET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-S1-ZIP	DELETE	24 QY-S1-ZIP 3.1 TLE 3.2 NME 3.3 TREET ADDRESS		Change Addition
TITLE NAME STREE I ADDRESS CITY-ST-ZIP	☐ DELETE	3.4 CTY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	[] DELETE	4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied	DELETE	5.4 City - S1 - ZiP 6.1 Title 6.2 NAME 6.3 STREET ADDRESS 6.4 City - S1 - ZiP		Change Addition
14. I do hereby certify that the information supplied certify that the information indicated on this annualn; that I am an officer or director of the corpc appears in Block 12 or Block 12 it changed, or SIGNATURE:		mpowered to execute this	report as required by Chapter 607, Florid	(3)(k). Florida Statutes. I further the legal effect as if made under la Statutes; and that my name