

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000055719 (5)

1. Corporation Name

INTERNATIONAL WOOD PRODUCTS USA, INC.



Principal Place of Business

Mailing Address

2033 MAIN ST.  
SUITE 400  
SARASOTA FL 34237

2033 MAIN ST.  
SUITE 400  
SARASOTA FL 34237

3. Date Incorporated or Qualified  
07/17/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7021 S. TAMiami TR.

26 7021 S. TAMiami TR.

Suite, Apt #, etc.

Suite, Apt #, etc.

22 SUITE D

27 SUITE D

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Zip

24 34231

Country USA

Country

25 SARASOTA

29 34231

Country USA

30 USA

9. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M  
2033 MAIN ST.  
SUITE 400  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name  
CONNOLLY, MARK J.

82 Street Address (P.O. Box Number is Not Acceptable)  
2216 - 40TH ST. W.

83

84 City  
BRADENTON

FL

85 Zip Code  
34238

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

*Mark Connolly*

MARK CONNOLLY, CPA

6-12-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
PRESIDENT, VICE PRES.	MR. CHRIS GRZEP	561 SPINNAKER LANE	LONG BEACH KEY, FLORIDA																				

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chris Grzep* CHRIS GRZEP, PRESIDENT 6-13-96 941-927-3232

CR2E034 (3/96)