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FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000055719 (5)

1. Corporation Name

INTERNATIONAL WOOD PRODUCTS USA, INC.



Principal Place of Business

7021 S TAMiami TRAIL
SUITE D
SARASOTA FL 34231
US

Mailing Address

7021 S TAMiami TRAIL
SUITE D
SARASOTA FL 34231-5552
US

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report
08/08/1996

2. Principal Place of Business

21 225 E. Bodley Ave

2a. Mailing Address

26 P O BOX 9487

4. FEI Number

APPLIED FOR 65-0702495

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

CONNOLLY, MARK J
2216-40TH ST W
SUITE 400
BRADENTON FL 34238

10. Name and Address of New Registered Agent

81 Name GREEP, Christopher V.
82 Street Address (P.O. Box Number is Not Acceptable)
7021 S. TAMiami TR
83 STE # D
84 City SARASOTA FL 85 Zip Code 34231

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input checked="" type="checkbox"/> DELETE
NAME	GAZEP, CHRIS	
STREET ADDRESS	561 SPINNAKER LANE	
CITY-ST-ZIP	LONG BOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY R. ZIRKLE	
1.3 STREET ADDRESS	225 E. Bodley Ave	
1.4 CITY-ST-ZIP	Memphis, TN 38109	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL RINALDI	
2.3 STREET ADDRESS	225 E. Bodley Ave	
2.4 CITY-ST-ZIP	Memphis, TN 38109	
3.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NICKLAUS RINALDI	
3.3 STREET ADDRESS	75 Riverstone Dr	
3.4 CITY-ST-ZIP	Morland Hills, OH 44022	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHRIS GREEP	
4.3 STREET ADDRESS	7021 S. TAMiami Tr Ste D	
4.4 CITY-ST-ZIP	SARASOTA FL 34231	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: Timothy R. Zirkle TIMOTHY R. Zirkle 1-31-97 901 942 5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)