

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000004957 (2)**

1. Corporation Name  
**THE WOODWORKS, INC.**



Principal Place of Business <b>3990 SHERIDAN ST. SUITE 107 HOLLYWOOD FL 33021</b>	Mailing Address <b>3990 SHERIDAN ST. SUITE 107 HOLLYWOOD FL 33021-3655</b>
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3. Date Incorporated or Qualified <b>01/16/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>2400 HAMONVILLE RD</b> Suite, Apt. #, etc. 22 <b># 332</b> City & State 23 <b>Pompano FL</b> Zip Country 24 <b>33069</b> 25 <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number <b>65-0634964</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**LEVINSON, DAVID W  
9215 S.W. 49TH PLACE  
COOPER CITY FL 33021**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

☐ DELETE

TITLE	<b>D</b>
NAME	<b>LEVINSON, DAVID W</b>
STREET ADDRESS	<b>9215 S.W. 49TH PLACE</b>
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>

☐ DELETE

TITLE	<b>D</b>
NAME	<b>LEVINSON, HOLLY</b>
STREET ADDRESS	<b>9215 S.W. 49TH PLACE</b>
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>

☐ DELETE

TITLE
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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**David W. Levinson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/97** **954 985 0651**  
Date Daytime Phone #

0128962

CR2E034 (9/96)