

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

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000034884 (2)**

1. Corporation Name  
**WOODMASTER KITCHEN & BATH INC.**

Principal Place of Business <b>1861 LYONS ROAD APT.203 COCONUT CREEK FL 33063</b>	Mailing Address <b>1861 LYONS ROAD APT.203 COCONUT CREEK FL 33063-9256</b>
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2. Principal Place of Business <b>3754 Coco Lake Dr Coconut Creek FL 33073</b>		2a. Mailing Address <b>3754 Coco Lake Dr Coconut Creek FL 33073</b>		3. Date Incorporated or Qualified <b>04/17/1996</b>		3a. Date of Last Report	
21. Suite, Apt. #, etc. <b>33073</b>		26. Suite, Apt. #, etc.		4. FEI Number <b>59 279 7945</b>		Applied For Not Applicable	
22. City & State <b>Coconut Creek FL</b>		27. City & State <b>Coconut Creek FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33073</b>		28. Zip <b>33073</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country <b>Broward</b>		29. Country <b>Broward</b>		30. Country <b>Broward</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GARUGLIO, BARRY 2231 N.W. 41ST AVENUE COCOCONUT CREEK FL 33066</b>				10. Name and Address of New Registered Agent			
				81. Name <b>Barry Gariglio</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>3754 Coco Lake Dr</b>			
				83. City <b>Coconut Creek</b>			
				84. City <b>FL</b>			
				85. Zip Code <b>33073</b>			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARUGLIO, BARRY</b>		1.2 NAME	
STREET ADDRESS <b>% 1861 LYONS ROAD #203</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 and/or 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: **Barry Gariglio** 4-4-97 421-7426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)