

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FLORIDA STATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000070223 (8)

1. Corporation Name
BAXTER STAIRCASE & MILLWORK, INC.

Principal Place of Business 2740 BUSINESS CENTER BLVD UNIT 4 MELBOURNE FL 32940	Mailing Address 2740 BUSINESS CENTER BLVD UNIT 4 MELBOURNE FL 32940
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3399634		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BAXTER, ROGER A 2740 BUSINESS CENTER BLVD UNIT 4 MELBOURNE FL 32940				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/T/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAXTER, ROGER A			1.2 NAME	Baxter, Roger A		
STREET ADDRESS	3595 HAMMOCK TRAIL			1.3 STREET ADDRESS	3595 Hammock Trail		
CITY-ST-ZIP	MELBOURNE FL 32934			1.4 CITY-ST-ZIP	Melbourne, FL 32934		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Baxter, Pamela S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	3595 Hammock Trail		
STREET ADDRESS				2.3 STREET ADDRESS	Melbourne, FL 32934		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Miller, Ted		
STREET ADDRESS				3.3 STREET ADDRESS	421 Pine Street		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Sebastian, FL 32958		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	700002261907--9		
STREET ADDRESS				4.3 STREET ADDRESS	-08/08/97--01100--010		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	****165.00 ****165.00		
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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: *Roger A. Baxter* REQUIRED
7-27-97
907 253 4575

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Baxter Staircase & Millwork Inc.

2740 Business Center Blvd., # 4

Melbourne Fl. 32940

407-253-4515

Fax 254-6557

July 28, 1997

ATTN. Division of Corporations:

I have received a second notice 1997 annual report form. This late notice is the only form that was received. I never received the first form. I have contacted your office and was told to mail in a payment of \$ 165.00 dollars.

Thank You.



Roger Baxter

Baxter Staircase & Millwork Inc.