

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085457 (5)

1. Corporation Name
OAKWOOD INTERIOR TRIM, INC.



Principal Place of Business 16281 ALAN BLACK BOULEVARD EAST LOXAHATCHEE FL 33470	Mailing Address 16281 ALAN BLACK BOULEVARD EAST LOXAHATCHEE FL 33470-3752
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2. Principal Place of Business 4103 W. ATLANTIC BLVD Suite, Apt. #, etc. 404 City & State COCONUT CREEK FLA Zip 33066	2a. Mailing Address 4103 W. ATLANTIC BLVD Suite, Apt. #, etc. 404 City & State COCONUT CREEK FLA Zip 33066	3. Date Incorporated or Qualified 10/16/1996	3a. Date of Last Report
22	27	4. FEI Number 05-0699577	Applied For <input type="checkbox"/> Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETED <input type="checkbox"/>	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEEREN, JEFFREY P		1.2 NAME DEEREN JEFFREY P	
STREET ADDRESS 16281 ALAN BLACK BOULEVARD EAST		1.3 STREET ADDRESS 4103 W. ATLANTIC BLVD #404	
CITY-ST-ZIP LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP COCONUT CREEK 33066	
TITLE VSTD	<input checked="" type="checkbox"/> DELETED	2.1 TITLE ABANDONED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCUTCHEON, TROY D		2.2 NAME ABANDONED COMPANY	
STREET ADDRESS 16281 ALAN BLACK BOULEVARD EAST		2.3 STREET ADDRESS ABANDONED COMPANY	
CITY-ST-ZIP LOXAHATCHEE FL 33470		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETED	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"/> DELETED	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"/> DELETED	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"/> DELETED	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; 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: **X Jeffrey P Deeren** DATE: **4-29-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ Daytime Phone # _____

CR2E034 (9/96)