

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023611

1. Corporation Name

TARGET WOODWORKS, INC.

Principal Place of Business

705 E 10TH AVENUE
818 W. RIVERSIDE, SUITE 350
HIALEAH FL 33010
US

Mailing Address

705 E 10TH AVENUE
818 W. RIVERSIDE, SUITE 350
HIALEAH FL 33010
US

2. Principal Place of Business

21 **705 East 10th avenue**

Suite, Apt. #, etc.

22 **Hialeah FL**

City & State

23 **33010 Miami Dade**

Zip

Country

24

25

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65-0750016

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **C**
DAVIS, RICHARD A
STREET ADDRESS **818 W RIVERSIDE, SUITE 350**
CITY-ST-ZIP **SPOKANE WA 99201**

TITLE ☐ DELETE

NAME **PCOO**
COHEN, ARTHUR
STREET ADDRESS **705 EAST 10TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ DELETE

NAME **SVP**
DAVIS, SCOTT L
STREET ADDRESS **818 W RIVERSIDE, SUITE 350**
CITY-ST-ZIP **SPOKANE WA 99201**

TITLE ☐ DELETE

NAME **VP**
LOPEZ, LEO
STREET ADDRESS **705 EAST 10TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ DELETE

NAME **CS**
PLESTER, JAN
STREET ADDRESS **818 W RIVERSIDE, SUITE 350**
CITY-ST-ZIP **SPOKANE WA 99201**

TITLE ☐ DELETE

NAME **T**
STEENBLIK, PAUL K
STREET ADDRESS **818 W RIVERSIDE, SUITE 350**
CITY-ST-ZIP **SPOKANE WA 99201**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90007 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)