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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039581 (8)

FILED Mar 20 1998 8:00am Secretary of State

WOOD	BY DESIGN, INC.				
				A PODICEDA ATO ADRIG SODE DE DIA CONTRACTA EN ADRIA	3) 10 46 10 1 0 1 10 1 10 1 10 1 10 1 10 1
Principal Plac	e of Business	Mailing Address		- A COMBING OF THE COURT OF STATE OF ST	III I I I I I I I I I I I I I I I I I
513 SW 10 A	\VE	513 SW 10 AVE			
FT LAUDERDALE FL 33312 . FT LAUDERDALE FL 33312			2		
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		05/01/1997 4. FEI Number	4 4 15
21	inog Or Cooliness	26 26		65-076277	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GARMAN, GUY					
3801 \$ OCEAN DR 4Z			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33019					
			83		
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
			h	FI	_ '
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute ite of Florida. Such change was au	s, the above-named corp thorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flor	ida Statutes.	accept the ap	positione do rogistoroa
SIGNATURE				<u> </u>	
12.	Signature, typod or printed name of registered a	Agent and lifte if applicable (NOTE: IND DIRECTORS	Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS (N. 40
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MCLEAN, JAMES		1.2 NAME		☐ Ostalige ☐ Rudillon
STREET ADDRESS	513 SW 10 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		1.4 CITY-ST-ZIP		į!
TITLE		DELETE	2.1 TITLE		Change Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE					i
NAME		DELET E	3.1 TITLE		Change Addition
STREET ADDRESS		☐ DELET É			Change Addition
		☐ DELET E	3.1 TITLE 3.2 NAME		Change Addition
CITY - ST - ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		
TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
NAME STREET ADORESS			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-SY-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY- ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	:	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition

14. Thereby 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.

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