## 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 # P97000040584 (9)

WOODEN ARTISTRY, INC.

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address  14485 CATALINA CIRCLE 14485 CATALINA CIRCLE						
SEMINOLE FL 33776 SEMINOLE FL 33776						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/05/1997
2. Principal Place of Business 2a. Mailing Address						4 FEI Number - Applied For
21 26					59-3450620 Not Applica	
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27           City & State         City & State						5. Certificate of Status Desired S8.75 Additional
						Fee Required
						6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Cou	otr.		Trust Fund Contribution
24	25	<b>⊢</b> •	<del> </del>	ниу	•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	Name and Address of Curre	nt Registered Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	<del></del>			81	Name	10. Harry and Harristo at Harry Harry at Marit
BANNON, WILLIS E 14485 CATALINA CIRCLE						
SEMINOLE FL 33776				82	Street Add	ldress (P.O. Box Number is Not Acceptable)
				83		
				84	City	EI 85 Zip Code
agent. I a SIGNATURE	am familiar with, and accept the oblig					jured when reinstating)
12.		ID DIRECTORS	13.	, , , , , ,	in ognatore rode	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PresideNT _	☐ DELETE	1.1 10	LE		Change Addill
NAME	JoAnn J. Bann	March	1.2 NA	ME		•
STREET ADDRESS			1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	Seminole FL	33776	1.4 Ci	ry-s	T- <b>Z</b> IP	
TITLE	VICE President &	rreasure r DELETE	2.1 T(T	).E		☐ Change ☐ Additi
NAME	WILLIS E, Ban	non ,	2.2 NA	ME		
STREET ADDRESS		Circle	2.3 ST	REET	ADORESS	1. 1
CITY-ST-ZIP	Seminale Fu	33776	2. 4 CI	TY-S	ST-ZIP	
TITLE	Secretary Godf	☐ DELETE	3.1 117	LE		Change Additi
NAME	Regina A GOOF	rey Circle	3.2 NA	ME		
STREET ADDRESS			3 3 ST	REET	ADDRESS	
CITY-ST-ZIP	Seminale FC		3.4. CI		iT-ZiP	
TITLE		☐ DELETE	4.1 Tit			☐ Change ☐ Additi
NAME			4. 2 N/			
STREET ADDRESS					ADDRESS	
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TITLE		L DECEIE	5.1 TIT			∟ Change ∟ Additi
NAME OVOCCY ADDRESS			5.2 NA		*******	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT		r-ZIP	Change Additi
	<i>t</i> -	□ vcrci¢	6.1 TIT			Criange C Adolti
NAME STREET ARROSESS			6.2 NA		ADDDECC	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT	r - SI	- <i>I</i>	

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 attachmorph with an address.

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1) & Bramme

2/15/98

213-595-5589