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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063717

1. Corporation Name

ABRAHAM WOODWORKS, INC.

Principal Place	a of Business	Mailin	ng Address				-\	I absila dilaga likila la	ESS INSIN NOST NOST
•			4504-131ST AVENUE NORTH						
4504-131ST AVENUE NORTH SUITE #22			SUITE #22				ļ		
CLEARWATER FL 33760		CLEAR	CLEARWATER FL 33760				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 07/22/1997		
2. Principal Pl	lace of Business	2a. Ma	ailing Address				4. FEI Number		Applied For
21		26					59-3460681		Not Applicable
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional
22		27		. ,					Required
City & State	e	\vdash	ity & State				6. Election Campaign Financing		May Be
23		28		C	oto		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Р	Cou	nuy		This corporation owes the current yes Personal Property Tax.	ear intangible	□No
24	25	29	-184	30			10. Name and Address of New Regist		
	9. Name and Address of Curre	ent Kegistere	еа Адепт		81	Name	10. Name and Address of New Registr	torou xigomi_	
SKIP	PER, DANIEL								
	-131ST AVENUE NORTH				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		-
	E #22				83				
	ARWATER FL 33760								
OLL.	Allin Aleit (C Goldo				84	City		FL 85 Z	ip Code
			dean Florida Otal	.4			aration submite this etatement for the purpo		its registered
l office or re	enistered agent, or both, in the State	e of Florida. 3	Such change was	autnorized	I DY TN	named corp ne corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment as	registered
agent. I ai	m familiar with, and accept the oblig	gations of, Se	ection 607.0505, Fl	orida Statı	utes.				
SIGNATURE									
								ATE	
	Signature, typed or printed name of registered ag		· · · · · · · · · · · · · · · · · · ·		Agent s	signature required		RS AND DIREC	TORS IN 12
12.	OFFICERS A		ORS	13.		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICEI		
12. TILE	OFFICERS A		· · · · · · · · · · · · · · · · · · ·	13.	TLE	signature required		RS AND DIREC	
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

