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 # P97000071831 (6)

WOOD ARTISTS, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



208 29TH STI BRADENTON	REET NORTHWEST FL 34206	208 29TH STREET NORTHM BRADENTON FL 34205	/EST		DO NOT WRITE IN THe state of th	HIS SPACE	
					08/19/1997	,	/
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	✓ A	pplied For	
21 04 1 100 26 04 1 100 1				<u>r., E</u>	- •		lot Applicable
27			····	- 	6. Certificate of Status Desired		Additional lequired
City & State City & State City & State City & State Zip Country Zip Country Zip			DD.	FL	B. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
24 343	420 13 8 Oct	29 34208 3		<u> A.</u> ट	This corporation owes or has paid the Personal Property Tax due June 30.	Yes [No No
9. Name and Address of Current Registered Agent AMATHEMY DATE C 81 Nam					10. Name and Address of New Registered Agent		
MATHENY, DALE E 208 29TH STREET NORTHWEST							
BRADENTON FL 34205				Street A	Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City		P 7:-	Code
					F	=L ' '	
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 aignature required when reinstating) DATE							
12.	OFFICERS AND	DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	tresident.	DELETE	1.1 TITLE			Change	Addition
NAME	DAIR EDWARD	MATHEMA	1.2 NAME	•			
STREET ADDRESS	3/4 /25 3/1/	3170		T ADDRESS			
CITY-ST-ZIP TITLE	PKINDENTION, P	DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP		Change	Addition
NAME		Otteric	2.2 NAME			спануе	☐ Addition
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	- 1			i
TITLE			3.1 TITLE	""		Change	Addition
NAME			3.2 NAME	- 1		_ •	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME .			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S	T-ZIP			- T 1 1 2 2 2 2
NAME			6.1 TITLE	İ		L_ Change	☐ Addition
STREET ADDRESS			62 NAME	4000000			
CITY-ST-ZIP			63 STREET				
14. Lhereby o	ertify that the information supplied with	this filing does not qualify for the	6.4 CITY - S he exemp	tion states	in Section 119.07(3)(i), Florida Statutes. I furthe	r 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: MALO SALOVOID MATHOMIL 2/24/98 (941)747-234