

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90018 041 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # **P97000094432** ✓
1. Corporation Name
INTERNATIONAL HARDWOODS CO.

Principal Place of Business
**%MIRKIN & WOOLF, P A
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401**

Mailing Address
**%MIRKIN & WOOLF, P A
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 225 SEABREEZE AVE Suite, Apt. #, etc. 22 % DEGNAN, DONALD City & State 23 PALM BEACH FL Zip 24 33480 Country 25 US | | 2a. Mailing Address 26 225 SEABREEZE AVE Suite, Apt. #, etc. 27 % DEGNAN, DONALD City & State 28 PALM BEACH FL Zip 29 33480 Country 30 US | | 3. Date Incorporated or Qualified 11/04/1997 | |
| 4. FEI Number 65-0826209 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent MIRKIN, MARK H %MIRKIN & WOOLF, P A 1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL 33401 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE P | DEGNAN, DONALD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PRES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME DONALD DEGNAN | |
| STREET ADDRESS | 1700 PALM BEACH LAKES BLVD #580 <input checked="" type="checkbox"/> DELETE | 1.3 STREET ADDRESS 225 SEABREEZE AVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 1.4 CITY-ST-ZIP PALM BEACH, FL 33480 | |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 2.1 TITLE VICEPRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME CONCHITA DEGNAN | |
| STREET ADDRESS | 1700 PALM BEACH LAKES BLVD #580 | 2.3 STREET ADDRESS 225 SEABREEZE AVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 2.4 CITY-ST-ZIP PALM BEACH, FL 33480 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *Donald Degnan* 7/11/99 516 288 1202

CR2E034 (5/99)