

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90083 035 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000001254

1. Corporation Name  
INNOVATIVE WOODWORKING, INC.

Principal Place of Business  
291 NW 1ST STREET  
DEERFIELD BEACH FL 33442

Mailing Address  
291 NW 1ST STREET  
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/05/1998

4. FEI Number  
P98000001254  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 291 C. N.W 1<sup>ST</sup> ST

2a. Mailing Address  
26 291 C. N.W 1<sup>ST</sup> ST

Suite, Apt. #, etc.  
22 BAY #57

Suite, Apt. #, etc.  
27 BAY 57

City & State  
23 DEERFIELD BEACH, FL

City & State  
28 DEERFIELD BEACH, FL

Zip Country  
24 33441 25 U.S.A.

Zip Country  
29 33441 30 U.S.A.

9. Name and Address of Current Registered Agent

BEDOYA, OSCAR  
1721 NW 2ND ST, #D2  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name BEDOYA, OSCAR  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 9932 PINELLAS PARK ROAD  
84 City BOCA RATON FL 85 Zip Code 33420

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME BEDOYA, OSCAR  
STREET ADDRESS 291 NW 1ST STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ DELETE

TITLE VTD  
NAME BEDOYA, MARIA V  
STREET ADDRESS 291 NW 1ST STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD  
1.2 NAME BEDOYA, OSCAR  
1.3 STREET ADDRESS 291 C. N.W. 1<sup>ST</sup> ST #57  
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☒ Change ☐ Addition

2.1 TITLE VTD  
2.2 NAME BEDOYA, MARIA  
2.3 STREET ADDRESS 291 C. N.W. 1<sup>ST</sup> ST #57  
2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)