


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90209 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000015972

1. Corporation Name
WOOD WORLD FURNITURE, INC.



Principal Place of Business 1871 WEST NEW HAVEN AVE WEST MELBOURNE FL 32904	Mailing Address 1871 WEST NEW HAVEN AVE WEST MELBOURNE FL 32904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/13/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3493978	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHUMATE, DAVID H 1871 WEST NEW HAVEN AVE WEST MELBOURNE FL 32904		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6861 Sweet Bay Ct. 83 84 Port St. John FL 85 Zip Code 32927	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERRELL, JAMES G		1.2 NAME	
STREET ADDRESS 2225 WEST HOLDEN AVE #106		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32839		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHUMATE, VICKIE		2.2 NAME Vickie L. Shumate	
STREET ADDRESS 6861 SWEET BAY CT		2.3 STREET ADDRESS Port St. John	
CITY-ST-ZIP COCOA FL 32927		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHUMATE, DAVID H		3.2 NAME	
STREET ADDRESS 1871 WEST NEW HAVEN AVE		3.3 STREET ADDRESS 6861 Sweet Bay Ct.	
CITY-ST-ZIP WEST MELBOURNE FL 32904		3.4 CITY-ST-ZIP Port St. John, FL 32927	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERRELL, PATRICIA M		4.2 NAME	
STREET ADDRESS 2225 WEST HOLDEN AVE #106		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32839		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Lewis Estep	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS 6859 Sweet Bay Ct.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Port St. John, FL 32927	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Wanda M. Estep	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS 6859 Sweet Bay Ct.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Port St. John, FL 32927	

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: **Vickie L. Shumate** **Vickie L. Shumate** 4/27/99 407-952-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)