


FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90090 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000026348**

1. Corporation Name
WOODMASTERS OF THE PALM BEACHES, INC.



Principal Place of Business Mailing Address
1016 NORTH E STREET **1016 NORTH E STREET**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0820950	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PAPENFUSE, SUSAN L 1016 NORTH E STREET LAKE WORTH FL 33460		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	President	1.1 TITLE	Vice President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Matthew J. Papenfuse	1.2 NAME	Susan L. Papenfuse	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1016 North E St.	1.3 STREET ADDRESS	1016 North E St.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	Lake Worth, FL 33460	1.4 CITY-ST-ZIP	Lake Worth, FL 33460	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		2.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		3.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Matthew J. Papenfuse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 (561) 586-4791
 Date Daytime Phone

CR2E034 (1/198)