## 02171999-90094-001-\$150.00-\$150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS.\$550:00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

**FILED** Feb 17, 1999 8:00 am Secretary of State

	1999		Secreta DIVISION OF	ary of St		02-17-1999 9009	4 001 **	**150.00	
1. Corpora	JMENT # P9800 IRGER HARDWOODS, IN	<b>000966</b> c.	73	•••					
						i i <b>ra</b> ni <b>ra</b> n sun inden korka andak andah baha andah		TATA TATA BAR AMALI MARA	!
Principal Pt	ace of Business	Mailing	Address						1
213 N.E. 16T		-	16TH ST.						
	CH FL 33444		BEACH FL 33444						
						DO NOT WRITE IN THIS	SPACE		_
						3. Date Incorporated or Qualifed	•		1
_	Place of Business	2a. Maili	ng Address		<del></del>	11/17/1998 4. FEI Number		noted For	4
21		26	_ <del> </del>			55-088052	<i>7</i> ++	opiled For lot Applicable	∃ :
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			7 :
City & St	ate		& Slate					Required	حية أن
23		28				6. Election Campaign Financing  Trust Fund Contribution		May Be to Fees	7
Zip	Country	Zip			intry	8. This corporation owes the current year Irrig		101653	1
24	9. Name and Address of Cu	29		30		Personal Property Tax.	Yes	□No	
	3. Italie and Address of Col	Tent Registered	Agent		81 Name	10. Name and Address of New Registered	gent		7
	rburger, John Ted	•	•					·	
	N.E. 16TH ST.				82 Street Addi	ress (P.O. Box Number is Not Acceptable)			7
UEI	LRAY BEACH FL 33444				83		13.5	- 25 (21 · 12	1
				•	84 City	**************************************	85 Zio	Code	4
11 Pursuan	I to the provisions of Sections 507	0500 4 603 450	e electronic			FL.			
office or	registered agent, or both, in the Sta	ate of Florida. Suc	h change was au	is, the al	by the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hanging its	registered	1
SIGNATURE	an raminer with, and accept the op	ngations or, Sectio	n 607.0505, Flon	nda Statu	des.	, , , , , , , , , , , , , , , , , , , ,		<b>3</b> .0.0.00	1
	Signature, typed or protect name of registered			Registered	Agent signature required	OATE OATE			_
12. TITLE	D	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	] 8
NAME	HERBURGER, JOHN TED		C DECEIE	1.1 TT 1.2 NA		1	☐ Change	Addition	Ξ
STREET ADDRESS				1.27	-		□ Manye	_	
CITY-ST-ZIP	DELRAY BEACH FL 33444			13.50	REET ADVIDERS			_	8
					REET ADORESS Y-ST-ZIP		□ outing		2E034
TITLE		<del>-</del>	☐ DELETE		Y-ST-ZIP		Change	☐ Addition	CR2E034
NAME			DELETE	14 CIT	Y-ST-ZIP .E			☐ Addition	CR2E034 (11/98)
NAME STREET ADDRESS			☐ DELETE	1.4 CIT 2.1 TITE 2.2 NAI 2.3 STE	Y-ST-ZIP E AE MEET ADORESS			☐ Addition	CR2E034
NAME STREET ADDRESS CITY-ST-ZIP				1.4 CIT 2.1 TITI 2.2 NAI 2.3 STR 2.4 CIT	Y-ST-ZIP E ME MEET ADIONESS Y-ST-ZIP	·	☐ Change		CR2E034
NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	1.4 CFT 2.1 TITU 2.2 NAJ 2.3 STR 2.4 CFT 3.1 TITU	Y-ST-ZIP  Æ  Æ  ÆET ADDRESS  Y-ST-ZIP  Æ	·		☐ Addition	CR2E034
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		•		1.4 C/T 2.1 T/T/ 2.2 NA/ 2.3 STF 2.4 C/T/ 3.1 T/T/ 3.2 NA/	Y-ST-ZIP  Æ  Æ  ÆET ADDRESS  Y-ST-ZIP  Æ	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	CR2E034
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NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME			□ DELETE	1.4 CTT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CTI 3.1 TITI 3.2 NAA 3.3 STR 3.4 CTT 4.1 TITI 4.2 NAA	Y-ST-ZIP  E  #E  #E  #E  #E  #E  #E  #E  #E  #E		☐ Change	Addition	CR2E034
NAME STREET ADDRESS CITY-SY-ZP TITLE NAME STREET ADDRESS CITY-SY-ZP TITLE NAME STREET ADDRESS			□ DELETE	1.4 CT 2.1 TITE 2.2 NAI 2.3 STF 2.4 CD 3.1 TITE 3.2 NAI 3.3 STR 3.4 CD 4.1 TITE 4.2 NAI 4.3 STR	Y-ST-ZIP  E  #E  #E  #E  #E  #E  #E  #E  #E  #E		☐ Change	Addition	CR2E034
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS ZITY-ST-ZIP TITLE MAME TITLE TI			DELETE	1.4 CIT 2.1 TITL 2.2 MAJ 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA	Y-ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E		☐ Change ☐ Change ☐ Change	Addition	CR2E034
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NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE VAME STREET ADDRESS ZITY-ST-ZIP TITLE NAME TITLE T			DELETE DELETE	1.4 CIT 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 4.1 TITLE 4.2 NAM 2.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.3 STRE 5.4 CITY 6.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.3 STRE 5.4 CITY 6.1 TITLE 5.3 STRE 5.4 CITY 6.1 TITLE 5.3 STRE 5.3 STRE 5.4 CITY 6.1 TITLE 5.3 STRE 5.4 CITY 6.1 TITLE 5.3 STRE 5.3 STRE 5.4 CITY 6.3 STRE 5.3 STRE	Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS (-ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP		Change  Change	Addition Addition	CR2E034
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officer or director of the corporation or the receiver or trustee empowered to excute this report as required by Chapter 607. Florida S Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: