
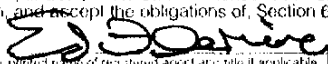
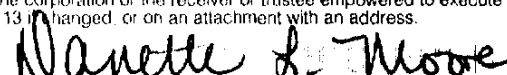


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S11108 (5)					
1. Corporation Name USA WOOD DOORS, INC.					
Principal Place of Business 7251 HIGHWAY 80 E MILTON FL 32583 US			Mailing Address PO BOX 9453 PENSACOLA FL 32513-9453		
2. Principal Place of Business 21 7465 N. Palafox Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 10132 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/05/1990	
22 City & State 23 Pensacola, Florida Zip Country 24 32503 25 USA		27 City & State 28 Pensacola, Florida Zip Country 29 32524 30 USA		3a. Date of Last Report 04/26/1996	
9. Name and Address of Current Registered Agent MOORE, DANETTE L. 1005 PEARSON ROAD MILTON FL 32583		4. FEI Number 59-3034735			
		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
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.		10. Name and Address of New Registered Agent			
SIGNATURE 		DATE April 10, 1997			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MOORE, DANETTE L.		NAME Danette			
STREET ADDRESS 1005 PEARSON ROAD		STREET ADDRESS			
CITY- ST- ZIP MILTON FL		CITY- ST- ZIP			
1.2 TITLE <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME JOHNSON, SANDRA		NAME *Please Note- Sandra Johnson should of been deleted last year, but was not...			
STREET ADDRESS 6023 JUDY DRIVE		STREET ADDRESS			
CITY- ST- ZIP MILTON FL		CITY- ST- ZIP			
1.3 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
1.4 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
1.5 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
1.6 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
1.7 TITLE <input type="checkbox"/> DELETE		7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
1.8 TITLE <input type="checkbox"/> DELETE		8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
14. I do 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, unchanged, or on an attachment with an address.					
SIGNATURE: 		Date 4/10/97 904-505-0066			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			



CR2E034 (9/96)