FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S38741** **(2)**

1. Corporation Name

ASSOCIATED WOOD PRODUCTS, INC.

Principal Place of Business	Mailing Address
3615 HENRY AVENUE WEST PALM BEACH FL 33405	3615 HENRY AVENUE WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: **03/19/1991**

3a. Date of Last Report: **06/19/1995**

4. FEI Number: **65-0255127** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRUCKER, RONALD J.
3516 HENRY AVENUE
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name: Haylett, Thomas D.
82 Street Address (P.O. Box Number is Not Acceptable): 14369 66th Trail N.
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33418

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: Thomas D. Haylett Vice Thomas D. Haylett DATE: 2/1/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 1 TITLE	Pres	☒ Change ☐ Addition
NAME	DRUCKER, RONALD J		1 2 NAME	Haylett, Thomas D.	
STREET ADDRESS	7777 GLADES RD SUITE 204		1 3 STREET ADDRESS	14369 66th Trail N.	
CITY-ST-ZIP	BOCA RATON FL		1 4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418	
TITLE	VP	☐ DELETE	2 1 TITLE	VP	☒ Change ☐ Addition
NAME	HAYLETT, THOMAS D.		2 2 NAME	Haylett, Bradley T.	
STREET ADDRESS	14369 66TH TRAIL N.		2 3 STREET ADDRESS	312 Lake Circle-Apt # 106	
CITY-ST-ZIP	PALM BEACH GDNS FL		2 4 CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE		☐ DELETE	3 1 TITLE	SEC/Treas	☐ Change ☒ Addition
NAME			3 2 NAME	Haylett, Karen Sue	
STREET ADDRESS			3 3 STREET ADDRESS	14369 66th Trail N.	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418	
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas D. Haylett Pres — 1/29/96 — 407 6559221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas D. Haylett