

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S38741 (2)  
1. Corporation Name  
ASSOCIATED WOOD PRODUCTS, INC.



Principal Place of Business 3615 HENRY AVENUE WEST PALM BEACH FL 33405	Mailing Address 3615 HENRY AVENUE WEST PALM BEACH FL 33405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/19/1991		4. FEI Number 65-0255127 Applied For Not Applicable	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent HAYLETT, THOMAS D 14369 66TH TRAIL NORTH PALM BEACH GARDENS FL 33418				10. Name and Address of New Registered Agent 81 Name Ronald Drucker 82 Street Address (P.O. Box Number is Not Acceptable) 17191 Shaddock Lane 83 84 City Boca Raton FL 85 Zip Code 33487			
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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 *Ronald Drucker Pres* *[Signature]* DATE 4/28/98  
(Signature typed or printed name of registered agent and title is acceptable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Ronald Drucker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYLETTE, THOMAS D.			1.2 NAME	President & Sec.		
STREET ADDRESS	14369 66TH TRAIL NORTH			1.3 STREET ADDRESS	17191 Shaddock Lane		
CITY-ST-ZIP	PALM BEACH GARDENS FL			1.4 CITY-ST-ZIP	Boca Raton FL 33487		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V. Pres & Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYLETTE, BRADLEY T			2.2 NAME	Thomas D. Haylett		
STREET ADDRESS	312 LAKE CIRCL APT 106			2.3 STREET ADDRESS	10604 Chapman Oak Ct		
CITY-ST-ZIP	N PALM BEACH FL			2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYLETT, KAREN SUE			3.2 NAME			
STREET ADDRESS	14369 66TH TRAIL NORHT			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 attached page with an address.

SIGNATURE: *[Signature]* *[Signature]*

CR2E034 (10/97)