FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S68157** **(4)**

1. Corporation Name
JW MASTERCRAFTS, INC.

Principal Place of Business	Mailing Address
2089 W N POWERLINE RD POMPANO BCH FL 33069	2089 W N POWERLINE RD POMPANO BCH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 2185 N. POWERLINE RD
22 Suite, Apt. #, etc. 4 A S W
23 City & State Pompano Bch
24 Zip 33069
25 County Broward

2a. Mailing Address
26 2185 N POWERLINE RD
27 Suite, Apt. #, etc. "
28 City & State "
29 Zip "
30 County "

4. FEI Number: NOT APPLICABLE 65-0277561 ☐ 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

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

9. Name and Address of Current Registered Agent

THOMAS, LAURIE J
6637 DAHLIA DR
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1100 N.W. 74 WAY
83
84 City PLANTATION FL 85 Zip Code 33313

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	THOMAS, WARREN	12 NAME	
STREET ADDRESS	6637 DAHLIA DR	13 STREET ADDRESS	1100 N.W 74WAY
CITY-ST-ZIP	MIRAMAR FL	14 CITY-ST-ZIP	PLANTATION FL 33313
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	THOMAS, LAURIE J	22 NAME	
STREET ADDRESS	6637 DAHLIA DR	23 STREET ADDRESS	1100 NW 74WAY
CITY-ST-ZIP	MIRAMAR FL	24 CITY-ST-ZIP	PLANTATION FL 33313
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 above, or on an attachment with an address.

SIGNATURE: Laurie Jo Thomas 4-18-95 305-960-0106
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
LAURIE JO THOMAS

0112565 CP