

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 # **V54095** (7)

1. Corporation Name

PREMIER WOOD PRODUCTS, INC.



Principal Place of Business

Mailing Address

**730 W MCNAB RD
FT LAUDERDALE FL 33309**

**730 W MCNAB RD
FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**BERK, ARTHUR J.
1428 BRICKELL AVE
STE 202
MIAMI FL 33131**

moved

81 Name

ARTHUR J. BERK

82 Street Address (P.O. Box Number is Not Acceptable)

848 Brickell Avenue

83

Suite 200

84 City

MIAMI

FL

85

**Zip Code
33131**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE

NAME **BERK, ARTHUR J**
STREET ADDRESS **730 W. MCNAB ROAD**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **DPST** ☒ DELETE

NAME **MELIN, DAVID**
STREET ADDRESS **730 W. MCNAB ROAD**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **P** ☐ DELETE

NAME **J. LEON ELLMAN**
STREET ADDRESS **730 W. MCNAB RD.**
CITY- ST- ZIP **FT. LAUDERDALE, FL 33309**

TITLE **VST** ☐ DELETE

NAME **GERALD. J. BRADY**
STREET ADDRESS **730 WEST MCNAB RD.**
CITY- ST- ZIP **FT. LAUDERDALE, FL 33309**

TITLE **V** ☐ DELETE

NAME **NEIL ELLMAN**
STREET ADDRESS **730 W. MCNAB RD.**
CITY- ST- ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.01.96 (95K) 977 3094

Date

Daytime Phone #

CR2E034 (12/95)