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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90110 033 ***150.00

Principal Place of Euriness	 Corporation 	MENT # 430542 ABINETS, INC.								
## City FL ST ST ST ST ST ST ST S	Bringing Place	of Business	Mailing Address				Biobo iilii bo idi biiii dibib	116) 616)1 414	it bibli atatt ett	KI BILII TEEL
TAMPA FL 388146513 TAMPA FL 388146613 TAMPA FL 388146513 TAMPA FL 388146613 TAMPA FL 388146513 TAMPA										
2. Principal Place of Business 2a. Mailing Address 3. Data Incorporated or Custaffed 07/16/1973 3. Data Incorporated or Custaffed 07/16/1973 4. FER Number Applied For 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/16/5971 58/1						•	•			
2. Principal Place of Businoss	IAMPA PL 3301	4-0513	AMI A E 0001+0010				DO NOT WRITE	IN THIS S	SPACE	
2. Principal Place of Susiness 2a. Mailing Address 5. Pack 5						3. Date Incorp	orated or Qualifed			
Solida Apt						07/16/19	973			
Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc. Subje. Apt. #, etc.	Principal Place of Business 2a. Mailing Address					4. FEI Numbe	er .		Арр	lied For
Suite, Apt. #, etc. 27 City & State City	21		26			59-1465	971			
The National Property Tax. St. Did Name and Address of Current Registered Agent St. Off May Be St. O			Suite, Apt. #, etc.			5 Certificate of	of Status Desired		*	
City & States City & States Country 2g Cou	22		27			0. 00101010				
20 20 20 20 20 30 30 50 50 50 50 50 5			City & State			6. Election Ca	ampaign Financing	П		
Zip	23		28				Contribution			Fees
9. Name and Address of Current Registered Agent GONZALEZ, HECTOR, JR 7309 POCAHONTAS DRIVE TAMPA FL 33834 81						,				
GONZALEZ, HECTOR, JR 7308 POCAHONTAS DRIVE TAMPA FL 33634 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the advocament corporation submits this statement for the pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the advocament corporation submits this statement for the pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the advocament corporation submits this statement for the pursuant to the provisions of Sections 607 0505, Florida Statutes, the advocament of Corporation's board of directors. I hereby accept the appointment as registered agent, and senior implement agent and the 4 spikialise. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO ORNZALEZ JR, HECTOR DELETE 11 TITLE CHANGE GONZALEZ JR, HECTOR DELETE 11 STITLE CHANGES 14.0TW 51.2P TAMPA, FL 00000 DELETE 2.1 TITLE CHANGES CITY-51.2P 1.2 STIRECT ADDRESS 2.2 STIRE	24			30						
GONZALEZ, HECTOR, JR 7309 POCAHONTAS DRIVE TAMPA FL 33634 84 City FL 85 Zip Code 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 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 obtigiousnos of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. NAME 15. STREET ADDRESS 15. TITLE 15. STREET ADDRESS 15. TITLE 22. NAME 22. NAME 22. STREET ADDRESS 15. TITLE 15. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TAMPA, FL 00000 16. Change Addition 17. Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE		9. Name and Address of Curren	t Registered Agent		T	10. Name and	Address of New Re	gistered A	gent	
TAMPA FL 33834 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 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, 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, 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 of the such appointment as registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose o				81	Name		•			
TAMPA FL 33634 8 City FL 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent tam familiar with an accept the obligation of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and familiar with an acceptance agent tam familiar with and accept the obligation of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligation of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the appointment as registered accepts and accept the appointment as registered accepts and accepts and					Street A	ddress (P.O. Box Nu	mber is Not Acceptab	le)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Flonds 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, and accept the obligations of, Section 607.0565, Florida Statutes. SIGNATURE										
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 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Propose or protect name of registered agent a	TAM	PA FL 33634		83						
The Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered diffice 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 diffice or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatura, typed or prinches present and title of applicables. (NOTE: Registered Agent algorithms required when reindating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE OFFICERS AND DIRECTORS IN 12. 12. NAME 13. STREET ADDRESS CITY-51-2P 14. CITY-51-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-51-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. TITLE OFFICERS AND DIRECTORS IN 12. 17. AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES T				84	City				85 Zip C	ode
## Change Delete Street Address CTY-ST-ZP Delete Delete Street Address Street					' '					
Signature (or printed rame of angitation and title 4 applicable. (NOTE: Replatative Signature (applicable Companion of Change) 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or re agent. I a					orporation submits tr ation's board of direc	tors. I hereby accept	-	tment as reg	istered
TITLE	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F		nt signature rec	uired when reinstating)			DIDECTOR	20 IN 42
TITLE	12.				—	ADDITIONS	/CHANGES TO OFFI	CERS AND		
STREET ADDRESS STREET ADDRESS TAMPA, FL 00000	πτιε	PD	☐ DELETE	1.1 TITLE					☐ Change	☐ Addison [
TAMPA, FL 00000	NAME			1.2 NAME						
TITLE	STREET ADDRESS	7308 POCAHONTAS DRIVE		1.3 STREE	TADDRESS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME AL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME AL CITY-ST-ZIP TITLE STREET ADDRESS	CITY-ST-ZIP	TAMPA, FL 00000		1,4 CITY-S	T-ZIP					☐ A ddition
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE		☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
2 4 CTTY-ST-ZIP	NAME			2.2 NAME						
DELETE DELETE 3.1 TITLE Change Addition	STREET ADDRESS			2.3 STREE	T ADDRESS		•			ĺ
TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 5.1 TITLE Change Addition NAME 5.1 TITLE 5.1 TITLE Change Addition Addition NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP Change Addition	CITY-ST-ZIP		<u></u>	2. 4 CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.3 STREET ADDRESS CITY-ST-ZIP 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS			☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
STREET ADDRESS STRE	NAME			3.2 NAME						
STREET ADDRESS STRE	STREET ADDRESS			3.3 STREE	T ADDRESS					
TITLE DELETE 4.1 TITLE CHange Addition NAME 4.2 NAME - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -				3.4. CITY-	ST-ZIP	:				
NAME			☐ DELETE	4.1 TITLE					Change	☐ Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				4, 2 NAME	~	<u> </u>			-	
A CITY-ST-ZIP				4.3 STREE	TADDRESS					
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				4.4 CITY-5	ST-ZIP	•				
NAME			☐ DELETE				•		☐ Change	☐ Addition
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				5.2 NAME	ŀ					
CITY-ST-ZIP			•	5.3 STREE	TADORESS					
TITLE G.1 TITLE G.1 TITLE G.2 NAME NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST.7/IP	1			5.4 CITY-5	ST-ZIP	•				
NAME 51 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST. ZIP			☐ DELETE	6.1 TITLE					Change	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY. ST. ZIP		·		6.2 NAME						
64 CITY, ST. 7IP	1			6.3 STREE	TADDRESS					
	CITY-ST-ZIP			6.4 CITY-	ST-ZIP	•	e			

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 attachment with an address, with all other like propowered.

SIGNATURE: