APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # J46937 (5)

1. Corporation Name

UNIQUE CABINETRY, INC.

Principal Place of Business: 13707 66TH ST NORTH, LARGO FL 34641

Mailing Address: 13707 66TH ST NORTH, LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1986

3a. Date of Last Report: 04/22/1994

4. FEI Number: 59-2749271 — 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

2. Principal Place of Business: 21 4180 116th Terrace N.

Suite, Apt. #, etc.: 22

City & State: 23 Clearwater FL

Zip: 24 34622 — County: 25 Pinellas

2a. Mailing Address: 26 4180 116th Terrace N.

Suite, Apt. #, etc.: 27

City & State: 28 Clearwater FL

Zip: 29 34622 — County: 30 Pinellas

9. Name and Address of Current Registered Agent

CULLEM, JOHN P., ESQ.
856 2ND AVE N
ST PETERSBURG 33701

10. Name and Address of New Registered Agent

81 Name

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

83

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	[ ] Change [ ] Addition
NAME	SAMS, KENTON A.	1 NAME	
STREET ADDRESS	535 78TH AVE.	1 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BCH FL	1 CITY-ST-ZIP	
TITLE	~~V~~	2 TITLE	[ ] Change [ ] Addition
NAME	~~GRUBBS, HENRY T~~	2 NAME	
STREET ADDRESS	~~111 93RD AVENUE~~	2 STREET ADDRESS	
CITY-ST-ZIP	~~TREASURE ISLAND FL~~	2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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.

SIGNATURE: Kenton A. Sams — 4/24/94 — 813-571-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KENTON A. SAMS

0342080 CP