

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90008 007 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L01715**  
 Corporation Name  
**CABINET TREASURE, INC.**



Principal Place of Business Mailing Address  
 120 S.E. 45TH TERRACE 120 S.E. 45TH TERRACE  
 CAPE CORAL FL 33904 CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
120 S.E. 45TH TERRACE		120 S.E. 45TH TERRACE		07/10/1989	
CAPE CORAL FL 33904		CAPE CORAL FL 33904		4. FEI Number	
				65-0185973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		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	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KUHN, JOHN R. 120 SE 45TH TERRACE CAPE CORAL FL 33904				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
STREET ADDRESS	PVD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP	KUHN, JOHN R.		1.2 NAME				
	120 SE 45TH TERRACE		1.3 STREET ADDRESS				
	CAPE CORAL FL		1.4 CITY-ST-ZIP				
STREET ADDRESS	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP	KUHN, PEGGY ANN		2.2 NAME				
	120 SE 45TH TERRACE		2.3 STREET ADDRESS				
	CAPE CORAL FL		2.4 CITY-ST-ZIP				
STREET ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP			3.2 NAME				
			3.3 STREET ADDRESS				
			3.4 CITY-ST-ZIP				
STREET ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP			4.2 NAME				
			4.3 STREET ADDRESS				
			4.4 CITY-ST-ZIP				
STREET ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP			5.2 NAME				
			5.3 STREET ADDRESS				
			5.4 CITY-ST-ZIP				
STREET ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST-ZIP			6.2 NAME				
			6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				

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.

SIGNATURE: *John R. Kuhn* PEGGY ANN KUHN S.T.A. 9-1999 19911547-6436

10/20/99

CR2E034 (5/99)