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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham 🔸

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000074871 (0)

CABINET DEPOT, INC.

## **FILED** Apr 07 1997 8:00am Secretary of State



2. Principal Place of Business       2a. Main of the share, 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	st Report  Applied For
CLEARWATER FL 34622   CLEARWATER FL 34622-4708   Cabinet Depot   S. Date Incorporated or Qualified   Sa. Date of La   O9/06/1996   Oc w Boss   Date of Business   Date of Business   Date of La   O9/06/1996   Oc w Boss   Date of Business   Date of La   O9/06/1996   Oc w Boss   Date of La   Oc w Bo	xess /97
Cabinet Deput   3, Date Incorporated or Qualified   3a, Date of La   09/06/1996   0. Soulte, Apt. #, etc.   22   27   28   State   City & State   City & State   28   City & State   28   City & State   28   Cabinet Deput   3, Date Incorporated or Qualified   09/06/1996   0. Cabinet   09/06/1996   09/06/1996   0. Cabinet   09/06/1996   09/06/1996   0. Cabinet   09/06/1996   0. C	xess /97
P.O. Box 28121       09/06/1996       D.C. W PUSS         2. Principal Place of Business       2a. Main Patternsburg, FL 88709-8121       4. FEI Number       5 9-3 4/9 3 79       5         Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificate of Status Desired       \$8.7         Fee       City & State       8. Election Campaign Financing Trust Fund Contribution       \$5.         23       28       Trust Fund Contribution       Add	xess /97
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Z8  Suite, Apt. #, etc.  Suite, Apt.	·
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Z8  Suite, Apt. #, etc.  Suite, Apt.	Applied For
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Z8  Suite, Apt. #, etc.  Suite, Apt.	<del> </del>
22     27     5. Certificate of Status Desired     Fee       City & State     6. Election Campaign Financing     \$5.       23     28     Trust Fund Contribution     Add	Not Applicable
City & State  City & State  6. Election Campaign Financing  Trust Fund Contribution  Add  Add	5 Additional Required
	00 May Be
	led to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax undicated by the component of t	er 6. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
PAMELA I. SMITH, P.A. 81 Name Richard J Albers	
117 3RD AVE N, SUITE 304  82 Street Address (P.O. Box Number is Not Acceptable)	·
ST PETERSBURG FL 33701 6/00 62 Ave. 4 60t 62	
83	
84 City 0 1 1 6 1 - 85 i	Zip Code
- Pinellas Park FL [0] 3	3781
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 of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing of the purpose of changing of the purpose of the purp	ng 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	as registered
SIGNATURE auto of aller Michard & Albert President Revent aller 3/31/9	<u>'Z</u>
Signature types confirmed name of registroid agent and filter applicable (NOTE: Registered Agent signature required when registrating)  DATE  OFFICE DO AND DIDECTORS  AND	TODO IN 10
12. OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  DELETE 1.1 TITLE  Char	
NAME ALBERS, RICHARD J 12 NAME	go Lan roomon
STREET ADDRESS 4745 126TH AVE N #16 1.3 STREET ADDRESS	
C(ITY-SI-ZIP CLEARWATER FL 34622 14-CITY-SI-ZIP	
THE DELETE 21 TITLE Char	ge Addition
NAME 22 NAME	-
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-2IP 2.4 CITY-ST-2IP	
TITLE DELETE 31 TITLE Char	nge Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
C(TY-S1-7/P 3.4. C)TY-ST-2/P	
TITLE OELETE 4.1 TITLE Char	nge Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CHY-S1-20* 4.4 CHY-S1-21P	A 1 450
THILE DELETE 5.1 TITLE Char	nge L. Addition
NAME 5.2 NAME	
STAGET ADDRESS 5.3 STREET ADDRESS	
CITY-S1-ZIP	
TITLE DELETE 61 TITLE Char	nge [_] Addition
NAME . 62 NAME	

I consider you are mornation supplied with this annual report of supplier and coath; 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