SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

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23

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083140 (9)

Country

9. Name and Address of Current Registered Agent

25

ADNEY, DANIEL F 307 LILLYPAD LANE

EUSTIS FL 32726

ACCURATE CABINETS, INC.

Principal Place of Business	Mailing Address	
4400 HIGHWAY 19A MOUNT DORA FL 32757	POST OFFICE BOX 224 EUSTIS FL 32727-0224	

2a. Mailing Address

City & State

27

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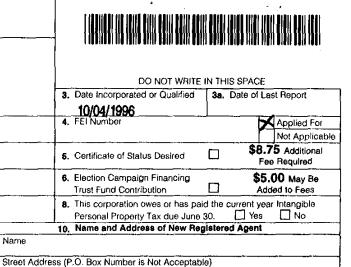
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Suite, Apt. #, etc.

APPROVE

97 001 -2 AM 7:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



GE 7in Code

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office or	to the provisions of Sections 607.0502 and 607.150 registered agent, or both, in the State of Florida. Su am familiar with, and accept the obligations of, Secti	ch change was auti	norized b	y the cor.	I corporation submits this statement for the purpor poration's board of directors. I hereby accept the	se of cl	hanging ntment a	its register s registere	ig ied
SIGNATURE									
	Signature, typed or printed name of registered agent and little if applica			ent signature		ATE.			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS				
TITLE	D	DELETE	1,1 TITLE			L	_] Change	Addi	ition
NAME	ADNEY, DANIEL F		1.2 NAME						
STREET ADDRESS	307 LILLYPAD LANE		1.3 STREET	ADDRESS			,سر بيسر		۰,
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY- S	51 - ZIP	20000231 -10/02/97 ****165.0			015	5
TITLE	D	DELETE	2.1 TITLE		-10505551	nE	6 Hange	C PAPA	tion
NAME	ADNEY, JEANNETTE L		2.2 NAME		****165.1	JU ,	亦亦亦亦]	165.00	i
STREET ADDRESS	307 LILLYPAD LANE		2.3 STREET	ADDRESS	Ì				
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-	S1 - 71P]				
TITLE		DELETE	3.1 11TLE				Change	Addi	ition
NAME			3.2 NAME						
STREET ADDRESS	į		3.3 STREET	ADDRESS					
CITY - ST - ZIP			3.4. CITY-:	ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	☐ Addi	ition
NAME			4. 2 NAME						
STREE TOORESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP	}		4.4 CHTY- S	S1 - ZIP					
TITLE		DELETE	5.1 TITLE				Change	☐ Addi	ition
NAME		,	5.2 NAME						
STREET ADDRESS	1		5.3 STREET	ADDRESS					
CITY-ST-ZIP			54 CHTY-S	ST-ZIP					
TITLE		DELETE	6.1 TITLE	·	1 2 4 1		Change	Addi	ition
NAME]		6.2 NAME		181,010				
STREET ADDRESS		$\sim 10^{-1}$	6.3 STREET	ADDRESS	1 101-				
CITY-ST-ZIP	<u> </u>	Δ/_\/I	6.4 CITY-S	31- 2/	<u></u>				
informati	by certify that the information supplied with this filing on indicated on this annual report or supplemental a fiftee or director of the corporation or the acciver in Block 12 or Block 13 if change, or on an attach	nn ial ristort is frue r trustets empo vers	and accu	urate and	d that my signature shall have the same legal offe	ect as if	made ur	nder oath:	that

Country

81 Name

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83 PA City

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Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Fla.32314

Sept. 25, 1997 Accurate Cabinets, Inc. Ref. Number: P96000083140

In reference to my annual report and fee, I did not recieve my first notification in the mail. Upon recieving the second notice I called and spoke with your office and was told to send 165.00 dollars but I neglected to send a written explanation. Please accept my check and my annual profit corporation form. I do not intend to activate my business as a corporation until Jan. 1998. Thank you for your assistance in resolving this matter.

Daniel F. Adney