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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 533084

(0)

1. Corporation Name
S & W KITCHENS, INC.

Principal Place of Business
461 E. HWY. 434
LONGWOOD FL 32750

Mailing Address
461 E. HWY. 434
LONGWOOD FL 32750-5291



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1977		3a. Date of Last Report 04/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1739232		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRIACCA, JEANNETTE 136 FOXRIDGE RUN LONGWOOD FL 32750				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 110 Foxridge Run			
				83			
				84 City Longwood FL 85 Zip Code 32750			

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	CUMMINGS, BRIAN S.	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	350 NEEDLES TR.		LONGWOOD FL	1.2 NAME			
CITY-ST-ZIP	LONGWOOD FL			1.3 STREET ADDRESS			
TITLE	SD	NAME	CUMMINGS, DEBORAH	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	350 NEEDLES TR.		LONGWOOD FL	2.1 TITLE			
CITY-ST-ZIP	LONGWOOD FL			2.2 NAME			
TITLE	VD	NAME	TRIACCA, LEWIS F.	2.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	136 FOXRIDGE RUN		LONGWOOD FL 32750	2.4 CITY-ST-ZIP			
CITY-ST-ZIP	LONGWOOD FL 32750			3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE	TD	NAME	TRIACCA, JEANNETTE	3.2 NAME	110 Foxridge Run		
STREET ADDRESS	136 FOXRIDGE RUN		LONGWOOD FL 32750	3.3 STREET ADDRESS	Longwood, FL 32750		
CITY-ST-ZIP	LONGWOOD FL 32750			3.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE	D	NAME	STEENBEKE, JOSEPH J	4.1 TITLE	110 Foxridge Run		
STREET ADDRESS	2333 SWEETAIRE CT		APOPKA FL 32712	4.2 NAME	Longwood, FL 32750		
CITY-ST-ZIP	APOPKA FL 32712			4.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE		NAME		4.4 CITY-ST-ZIP	1378 Shady Knoll Ct.		
STREET ADDRESS				5.1 TITLE	Longwood, FL 32750		
CITY-ST-ZIP				5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE			
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I do 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: *Lewis F. Triacca* 3/28/97 4073395911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)