

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 384261 (4)

1. Corporation Name
NAPLES MASTER CRAFT CABINETS, INC.



Principal Place of Business: 353 N AIRPORT RD, NAPLES FL 33942 US
Mailing Address: 27214 JOLLY ROGER LN, BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified 06/22/1971	3a. Date of Last Report 04/26/1995
4. FEI Number 59-1353303	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.029 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GARLICK, THOMAS B. 800 LAUREL OAK DR., #400 NAPLES FL 33963		81. Name C. J. MEIER	82. Street Address (P.O. Box Number is Not Acceptable) 27214 Jolly Roger Lane
		83. City Bonita Springs	84. State FL
		85. Zip Code 33923	

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: **C. J. MEIER** (Signature) **C. J. MEIER** (Printed Name) **2/2/96** (Date)
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MEIER, CLEMENS J. 27214 JOLLY ROGER LANE BONITA SPRINGS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	MEIER, PRISCILLA A. 27214 JOLLY ROGERS LANE BONITA SPRINGS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(3)(k), 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: **C. J. MEIER** (Signature) **2/1/96** (Date) **941-643-2998** (Daytime Phone #)

CR2E034 (12/95)