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**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 4000

101

| STANDARD CABINET CORPORATION  Principal Place of Business  Mailing Address  302 ANDERSON ROAD AMPA FL 33634-8010  AMPA FL 33634-8010   |  |   | d androom  |   |                                       |                   |                               |  |
|--|--|---|--|---|---------------------------------------|-------------------|-------------------------------|--|
|  |  |   |  | 3. Date Incorporate 12/19/1975  | ed or Qualified                       | 3a. Date 04/30    |                               | Report                                       |
| Principal Place of Business  | 2a. Mailing Addr   | ess   |  | 4. FEI Number   |                                       |                   | A                             | oplied For                                   |
| Suita, Apt. #, etc.  | 26]<br>Suite, Apt. #,  | etc.  |  | 11-1685087  |                                       |                   | -,                            | ot Applicabl<br>Additional                   |
|  | 27   |   |  | 5. Certificate of Sta   | itus Desired                          |                   |                               | equired                                      |
| City & State   | City & State   |   |  | 6. Election Campai  | -                                     |                   |                               | May Be                                       |
| 7ip Country  | <b>28</b>  | Cou   | untry  | Trust Fund Cont  8. This corporation  |                                       | ntanaible te      |                               | to Fees                                      |
| 25   | 29   | 30  |  | Florida Statutes  |                                       | Yes               |                               | s. 199.032,                                  |
|  | of Current Registered Agent  |   |  | 10. Name and Add  | ress of New Re                        | gistered Ag       | ent                           |  |
| GAMBERG, SAMUEL  | A.S. 1991  |   | 81 Name  |   |                                       |                   |                               |  |
| 1604 CULBREATH ISLES DR<br>TAMPA, FL   | 8001H  |   | 82 Street  | Address (P.O. Box Number  | is Not Acceptab                       | le)               |                               |  |
| TAMPA FL 33609   |  |   | 83   |   |                                       |                   |                               | •  |
|  |  |   | 84 City  |   |                                       |                   | 85 Zip                        | Code   |
|  |  |   |  |   |                                       | FL                | · .                           |  |
| Pursuant to the provisions of Sections   | 607.0502 and 607.1508, Florid  | da Statutes, the a  | bove-named   | corporation submits this sta  | tement for the p                      | urpose of ch      | early iii iy c                |  |
| NATURE   |  |   |  |   | tement for the pi<br>. I hereby accep |                   | itment as                     | registered                                   |
| NATURE Signature Hyped ox priviled name of rec   |  |   |  | corporation submits this sta<br>poration's board of directors<br>required when reinstating)  ADDITIONS/CHAI |                                       | DATE              |                               |  |
| NATURE Signature hyperfor professioning of leg OFFIC PT  | g stered agent and little # applicable   | (NOTE: Registere  | d Agent signature  | required when reinstating)  |                                       | DATE<br>ERS AND D |                               | RS IN 12                                     |
| NATURE Signature hyped or profed name of leg OFFIC  PT GAMBERG, SAMUEL   | o stered agent and little / applicable ERS AND DIRECTORS  DE                                     | (NOTE: Registere  13.  LETE 1.1 TI  1.2 N.  | d Agent signature<br>TLE<br>AME  | required when reinstating)  |                                       | DATE<br>ERS AND D | PIRECTO                       | RS IN 12                                     |
| NATURE  Signature hypertox professionan extres  OFFIC  PT  GAMBERG, SAMUEL  1400RESS  1604 CULBREATH ISLE  | o stered agent and little / applicable ERS AND DIRECTORS  DE                                     | (NOTE: Registere  13.  LETE 1.1 TI  1.2 N.  1.3 S   | d Agent signature TLE AME TREET ADDRESS  | required when reinstating)  |                                       | DATE<br>ERS AND D | PIRECTO                       | RS IN 12                                     |
| NATURE  Signature hypost or printed name of high OFFIC  PT GAMBERG, SAMUEL 1604 CULBREATH ISLE TAMPA FL  | o stered agent and little / applicable ERS AND DIRECTORS  DE                                     | (NOTE: Registere  13.  LEYE 1.1 TI  12 N  13.5  14.0  | d Agent signature<br>ITLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP  | required when reinstating)  |                                       | DATE<br>ERS AND D | PIRECTO                       | RS IN 12                                     |
| NATURE  Signature hyportise printed name of high OFFIC  PT  GAMBERG, SAMUEL  1604 CULBREATH ISLE  TAMPA FL  VD   | g stered agent and little # applicable DERS AND DIRECTORS  DE  DE                                | (NOTE: Registere  13.  LETE 1.1 TI  12 N  13 S  14 C  | d Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ILE   | required when reinstating)  |                                       | DATE<br>ERS AND D | PIRECTOR                      | RS IN 12                                     |
| NATURE  Signature hypost or printed name of her OFFIC  PT GAMBERG, SAMUEL 1604 CULBREATH ISLE TAMPA FL  VO GAMBERG, ELSIE LADORESS 1604 CULBREATH ISLE   | g stirred agant and little ( applicable DERS AND DIRECTORS  DE DE SS DR.                         | (NOTE: Registere  13.  LETE 1.11  12.  13.5  14.0  LETE 21.11  22.N.  | d Agent signature ITLE AME ITREET ADDRESS ITY-ST-ZIP ILE   | required when reinstating)  |                                       | DATE<br>ERS AND D | PIRECTOR                      | RS IN 12                                     |
| OFFIC  PT GAMBERG, SAMUEL 1 ADDRESS S1-74*  I ADDRESS L ADDRESS L ADDRESS S1-21:  TAMPA FL  VD GAMBERG, ELSIE 1604 CULBREATH ISLE TAMPA FL  TAMPA FL  TAMPA FL   | g stered agent and little # applicable DERS AND DIRECTORS  DE  S DR.  DE                         | (NOTE: Registere  13.  LETE 1.1TI 12.N 13.S 14.C LETE 2.1TI 22.N 23.S 2.4.C   | d Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TREET ADDRESS   | required when reinstating)  |                                       | DATE ERS AND D    | DIRECTOR Change               | RS IN 12 Addition                            |
| OFFIC PT GAMBERG, SAMUEL 1ADDRESS SI-2R: TAMPA FL VD GAMBERG, ELSIE 1804 CULBREATH ISLE TAMPA FL VD GAMBERG, ELSIE 1804 CULBREATH ISLE TAMPA FL D  | g stirred agant and little ( applicable DERS AND DIRECTORS  DE DE SS DR.                         | (NOTE Registere  13.  LETE 1.1TI 12 N 13 S 14 C LETE 2.1TI 22 N 23 S 2 4 C LETE 3.1 TI  | d Agent signature ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS OITY-ST-ZIP TLE  | required when reinstating)  |                                       | DATE ERS AND D    | PIRECTOR                      | RS IN 12 Additi                              |
| PT GAMBERG, SAMUEL 1ADDRESS S1-2H: TAMPA FL VD GAMBERG, ELSIE 1804 CULBREATH ISLE TAMPA FL VD GAMBERG, ELSIE 1804 CULBREATH ISLE TAMPA FL D GAMBERG, SAMUEL  | g stered agent and little # applicable DERS AND DIRECTORS  DE  DE  DE  DE  DE  DE  DE  DE  DE  D | (NOTE Registers  13.  LETE 1.1 TI 12 N 13 S 14 C LETE 2.1 TI 22 N 23 S 2 4 C LETE 3.1 TI 3.2 N.   | ITLE AME TREET ADDRESS ITV-ST-ZIP TLE AME TREET ADDRESS OTY-ST-ZIP TLE AME TREET ADDRESS OTY-ST-ZIP TLE AME  | required when reinstating)  |                                       | DATE ERS AND D    | DIRECTOR Change               | RS IN 12 Additi                              |
| PT GAMBERG, SAMUEL 1604 CULBREATH ISLE TAMPA FL VD GAMBERG, ELSIE 1604 CULBREATH ISLE TAMPA FL VD GAMBERG, ELSIE 1604 CULBREATH ISLE TAMPA FL D GAMBERG, SAMUEL 1ADORESS 1 ADORESS 1 ADORE | g stered agent and little # applicable DERS AND DIRECTORS  DE  DE  DE  DE  DE  DE  DE  DE  DE  D | (NOTE: Registere  13.  LETE 1.1 TI 12.N 13.S 14.C LETE 2.1 TI 22.N 23.S 2.4.C LETE 3.1 TI 32.N 33.S   | ITLE AME TREET ADDRESS TITY-ST-ZIP TLE AME TREET ADDRESS DITY-ST-ZIP TLE AME TREET ADDRESS   | required when reinstating)  |                                       | DATE ERS AND D    | DIRECTOR Change               | RS IN 12 Addition                            |
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May 07 1997 8:00am

Secretary of State