02101999-90025-012-\$150.00-\$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00-

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Feb 10, 1999 8:00 am Secretary of State

	1999		Secretary of State DIVISION OF CORPORATIONS			02-10-1999 90025 012 ***150.00			
1. Corporation	MENT # 555 ATE CABINET & MI								
Dringing Dings	of Business	Mailie	ng Address			- I YOOKAK BIIDA DAIDI BEIIN I	tiili diktii dins ainsi m	Mit Bibly bibly bi	ill bigts coul
Principal Place of Business 862 W. 13TH CT. RIVIERA BEACH FL 33404			862 W. 13TH CT. RIVIERA BEACH FL 33404			DO NOT WRITE IN THIS SPACE			
						Dáte Incorporated or Qui 12/19/1977	alifed		olied For
	lace of Business	<u> </u>	lalling Address		,	4. FEI Number 59-1786478			
21		26	uite, Apt. #, etc.				· _	\$8.75 A	
Suite, Apt.	#, etc.	27				5. Certificate of Status Desi	<u>:</u>	Fee Rec	`
City & Stat	ia	28	ity & State			 Election Campaign Finantius Fund Contribution 	nding 🗆	\$5.00 to Added to	
Zip	Country		ip _	Cou	ntry	a. This corporation owes th	e current year Int	angible	
24	25	29		30		Personal Property Tax.	Nair Barbard		□No ·
	8. Name and Address	of Current Register	red Agent		81 Name	10. Name and Address of	Mam Kedizieren	Whenr	
	DOWS. EDWIN J. W. 13TH COURT			i		ress (P.O. Box Number is Not A	cceptable)		-14 (DAD), 1-41
	ERA BEACH FL 33404				83	77.18.18.2	初级搬	of the latest	
					84 City	\$ 1	2012 (CB 444)	85 Zip C	/41.1(81.151 Code***
							<u> </u>		es alabeira d
b .	to the provisions of Sections	ns 607.0502 and 607 In the State of Florida. It the obligations of, S	,1508, Fìorida Statute Such Change was au ection 607 0505, Flori	es, me au Mhorizêd Ma Stati	by the corporations	ion's board of directors. I hereby	accept the appoi	nement as rec	platered
01011471100									·
SIGNATURE	Signature, typed or printed name of	registered agent and title if a	plicable (NOTE:	Registered		nd when reinstaling) y, (y)	DATE		·
12.	Signature, typed or printed name of OFF		PNOTE:	Registered	Agent signature require	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE		·
12. mle	Signature, typed or printed mane of OFF	registered agent and title if a	plicable (NOTE:	Registered 13.	Agent signature require	nd when reinstaling) y, (y)	DATE	D DIRECTO	·
12.	P WIDDOWS, JAY R 3267 GONDOLER W.	registered agent and title if a FICERS AND DIRECT	PNOTE:	13. 1.1 TII 1.2 NA 1.3 ST	Agent signature require LE ME REET ADDRESS	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE	D DIRECTO	·
12. TITLE NAME	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL	registered agent and title if a FICERS AND DIRECT	ppacoble (NOTE: FORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	Agent signature require LE LME REET ADDRESS IY-ST-ZIP	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL	registered agent and title if a FICERS AND DIRECT	PNOTE:	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII	Agent signature require LE LME REET ADDRESS IY-ST-ZIP LE	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J	registered agent and title if a FICERS AND DIRECT	ppacoble (NOTE: FORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	Agent signature require LE LME REET ADDRESS IY-ST-ZIP LE	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL	registered agent and title if a FICERS AND DIRECT	ppacoble (NOTE: FORS	13. 1.1 TII 12 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	Agent signature require LE IME REET ADDRESS IY-ST-ZIP LE IME RIEET ADDRESS	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J	registered agent and title if a FICERS AND DIRECT	ppacoble (NOTE: FORS	13. 1.1 TII 12 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	Agent signature requise LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IT-ST-ZIP	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL	registered agent and title if a FICERS AND DIRECT	PROTE: PR	13. 1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 22 NA 2.3 ST 2.4 CI	Agunt signature require TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE	ad when reinstaling) j. (3) // ADDITIONS/CHANGES T	DATE	D DIRECTO	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL	registered agent and title if a FICERS AND DIRECT	PROTE: PR	Registered 13. 1.1 TII 12 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	Agunt signature require TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TTY-ST-ZIP TLE	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL	registered agent and title if a FICERS AND DIRECT	PRODE PROTE: FORS DELETE DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CII 22 NA 2.3 ST 2.4 CI 31 TII 32 NA 3.3 ST 3.4. CI	Agent signeture requise ILE WAE REET ADDRESS IY-ST-ZIP ILE WAE REET ADDRESS ITY-ST-ZIP ILE WAE REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP	ADDITIONS/CHANGES T	DATE O OFFICERS AN	D DIRECTO	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL	registered agent and title if a FICERS AND DIRECT	PROTE: PR	13. 1.1 TII 12 NA 1.3 ST 1.4 CII 22 NA 2.3 ST 2.4 CI 31 TII 32 NA 3.3 ST 3.4 CI 4.1 TII	Agent signeture requise TLE WAE REET ADDRESS TY-ST-ZIP TLE WAE REET ADDRESS TTY-ST-ZIP TLE WAE REET ADDRESS TTY-ST-ZIP TLE WAE REET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	PRODE PROTE: FORS DELETE DELETE	Registered 13. 1.1 TII 12 NA 1.3 ST 1.4 CII 22 NA 2.3 ST 2.4 CI 31 TII 32 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	Agent signeture requise TLE WAE REET ADDRESS TY-ST-ZIP TLE WAE REET ADDRESS TTY-ST-ZIP TLE WAE REET ADDRESS TTY-ST-ZIP TLE WAE REET ADDRESS TTY-ST-ZIP TLE AWE	ADDITIONS/CHANGES T	DATE O OFFICERS AN	D DIRECTO	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	PRODE PROTE: FORS DELETE DELETE	Registered 1.1 TIT 12 NA 1.3 ST 1.4 CIT 22 NA 2.3 ST 2.4 CIT 32 NA 3.3 ST 3.4 CIT 4.2 NA 4.3 ST	Agent signeture requisions LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP AME	ADDITIONS/CHANGES T	DATE O OFFICERS AN	D DIRECTO	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	PRODE PROTE: FORS DELETE DELETE	Registered 1.1 TIT 12 NA 1.3 ST 1.4 CIT 22 NA 2.3 ST 2.4 CIT 32 NA 3.3 ST 3.4 CIT 4.2 NA 4.3 ST	Agent signeture requisions LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP AME REET ADDRESS IY-ST-ZIP	ADDITIONS/CHANGES T	DATE O OFFICERS AN	D DIRECTO	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	DELETE DELETE DELETE DELETE	Registered 13. 1.1 TII 12 NA 1.3 ST 1.4 CII 22 NA 2.3 ST 2.4 CI 31 TII 32 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 4.4 CI	Agent signature requisions TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TTY-ST-ZIP TLE MAE REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	DELETE DELETE DELETE DELETE	Registered 1.1 Π1 12 NA 1.3 ST 1.4 CCC 2.1 TCC 2.3 ST 2.4 CCC 3.1 TCC 3.2 NA 3.3 ST 3.4 CCC 4.1 Π1 4.2 NA 4.3 ST 4.4 CCC 5.1 Π 5.2 NA	Agent signature requisions TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TTY-ST-ZIP TLE MAE REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	DELETE DELETE DELETE DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CC 2.1 TII 22 NA 2.3 ST 2.4 CC 3.1 TII 32 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST 4.4 CC 5.1 TI 5.2 NA 6.3 ST 5.4 CC	Agent signature requisions TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TI 6.1 TI	Agent signature requisions TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TTY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CCC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CCC 4.1 TII 5.2 NA 4.3 ST 4.4 CCC 5.1 TI 5.2 NA 6.1 TI 6.2 NA	Agent signature requisions TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TTY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WIDDOWS, JAY R 3267 GONDOLIER W. LANTANA FL ST WIDDOWS, EDWIN J 3267 DIAMOND HEAL LANTANA FL	registered agent and title if a FICERS AND DIRECT	DELETE DELETE DELETE DELETE	13. 1.1 1.2 1.4 CI 1.5 CI 1	Agent signature requisions TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TTY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TLE MAE REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES T	DATE O OFFICERS AN	Change Change Change	Addition Addition Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutas. Intrinst certify that the information of this annual report or suppliemental 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 Statutas; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.