PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90047 021 ***150.00

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1. Corporation	NICIN # 585417 AL CABINETS, INC.									
Principal Place	e of Business	Mailing Address						•		
15801 ARCHER	STREET	15801 ARCHER STREET								
HUDSON FL 34	1667-3817	HUDSON FL 34667-3817			DO NOT WE	DO NOT WRITE IN THIS SPACE				
					- 3. Date Incorporated or Qualife					
_	and the same of the same of the same				09/06/1978				,	
	- CD-sines	2a, Mailing Address			4. FEI Number		App	lied For		
⊢ ⊣ '	Place of Business	26 Monthly Accidess			59-1847446		\rightarrow	Applicable	ĺ	
Suite, Apt.	# atc	Suite, Apt. #, etc.					8.75 A	ditional	;	
22		27			5. Certificate of Status Desired		Fee Rec	uired	l	
City & Stat	le .	City & State			6. Election Campaign Financing		\$5.00 N	Aay Be		
23		28			Trust Fund Contribution		Added to	Fees	Ι,	
Zip	Country	Zip -	Cour	ntry	8. This corporation owes the cu		ble		-	
24	25	29	30		Personal Property Tax.			□No	'	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered Age	nt		,	
	COLUMN CONTRACTOR I		\	81 Name				!	1	
	EPHIK, DONALD J			B2 Street A	ddress (P.O. Box Number is Not Accept	itable)			l	
	WESTWIND DR.D								l	
j PALI	M HARBOR, FL FL 33563			83					ľ	
			ŀ	84 City		8:	5 Zip C	ode	i	
							f		١ :	
Ad Burning	to the assistings of Sactions 607 050	12 and 607 1508 Florida State	utes the al	1 1	orporation submits this statement for th	FL of char	nging its r	egistered	; 	
11. Pursuant office or agent. I a	- trule -	Joseph 1		by the corporates.	orporation submits this statement for the ation's board of directors. I hereby acc	e purpose of char ept the appointme	nging its r ent as reg	egistered istered		
SIGNATURE	Signature, types & printed name of registered egg	rifered lide if philosophe. (NO	TE: Registered	by the corporates.	orporation submits this statement for the ation's board of directors. I hereby accurated when ministrang) ADDITIONS/CHANGES TO O	e purpose of chan ept the appointme			(86)	
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1.1. I 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 perpovation 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 or changed, of on an attachment with an address, with all officeryle empowered.

SIGNATURE: