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Jan 14 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 # 626230 (7)

1. Corporation Name
KITCHENS AND BATH BY NEAL, INC.



Principal Place of Business
3350 N.W. BOCA RATON BLVD
SUITE B22
BOCA RATON FL 33431

Mailing Address
3350 N.W. BOCA RATON BLVD
SUITE B22
BOCA RATON FL 33431-6624

3. Date Incorporated or Qualified
06/15/1979

3a. Date of Last Report
03/14/1996

4. FEI Number
59-1920117

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
NOWEND, NEAL L
3350 N.W. BOCA RATON BLVD-B22
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name NEAL E. NOWEND

82 Street Address (P.O. Box Number is Not Acceptable)
5921 TOWN BAY DRIVE

83 #733

84 City BOCA RATON FL 85 Zip Code 33486

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: DATE: 1-7-97

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME NOWEND, NEAL E

STREET ADDRESS 5840 TOWN BAY DR #231

CITY-ST-ZIP BOCA RATON FL 33486

TITLE VT ☐ DELETE

NAME NOWEND, CHERI J

STREET ADDRESS 5840 TOWN BAY DR #231

CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S. ☐ Change ☐ Addition

1.2 NAME NOWEND, NEAL E

1.3 STREET ADDRESS 5921 TOWN BAY DR #733

1.4 CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE VT ☐ Change ☐ Addition

2.2 NAME NOWEND, CHERI J

2.3 STREET ADDRESS 5921 TOWN BAY DR #733

2.4 CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: DATE: 1-7-97 561-338-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)