## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 646209

(7)

Mailing Address

DESIGN/KITCHENS OF NAPLES, INC.

FILED
Apr 04 1997 8:00am
Secretary of State

| 2.   Precipital Place of Business   2a.   Mailing Address   3.   Date Interpretated or Qualified   34, 24/1998   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21   11/27/1979   4/24/1998   4/21/27/1979   4/21/27/27/1979   4/21/27/27/27/27/27/27/27/27/27/27/27/27/27/   | 1673 PINE RIDG<br>NAPLES FL 339        |   | 1673 PINE RIDGE RD.<br>NAPLES FL 34109-2129                               |                               |   |   |                |                     |  |  |
|--|--|---|---|-------------------------------|---|---|----------------|---------------------|--|--|
| Sc.       Sc.         Sc.  |  |   |   |                               |   | · ·   |                |                     |  |  |
| Surface Apple   Reference   Surface Apple   Reference   Surface Apple   Surface   Su   | 1                                      | lace of Business  | <u>├</u>  |                               | <b> </b>  |   |                |                     |  |  |
| City & State   | management of the second of the second |   |   |                               |   |   |                |                     |  |  |
| 23   | 22                                     |   | 27  | City & State                  |   |   |                |                     |  |  |
| 25   26   30   10   10   10   10   10   10   10  | 23                                     | e   | · ·   |                               |   |   |                |                     |  |  |
| Name and Address of Current Rogistered Agent   | · · · · · · · ·                        |   |   |                               | <i>f</i>  |   |                |                     |  |  |
| 13   Pire RIDGE ROAD   |  | 9. Name and Address of Cui  | rrent Registered Agent  |                               | · · · · · · · · · · · · · · · · · · ·                 | 10. Name and Address of New Reg             | istered Agent  |                     |  |  |
| NAPLES FL 33942  11. Pursuant to the provisions of Sections 607 0502 and 607.1503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered efficiency or registered agent, or bodi, in the Glose of Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment is registered difficulty with and accept the obligations of, Section 607.2508, Florids Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFI |  |   |   | 81                            | Name  |   |                |                     |  |  |
| 11. Pursuant to this provisions of Sections 607 6509 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Blorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Blorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and translate with and accept the obligations of Section 607 6505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIII  KEITT, JOHN K.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIII ME  KEITT, JOHN K.  13. The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIII ME  KEITT, JOHN K.  13. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIII ME  KEITT, JOHN K.  13. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIII ME  KEITT, JOHN K.  13. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIII ME  KEITT, JOHN K.  13. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIII ME  CITY ST. ZIP  IIII ME  CITY ST. ZI |  |   |   | 82                            | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                |                     |  |  |
| 1. Pursuant to this 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 agrent, 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 agrent law furnished with and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE  |  |   |   | 83                            |   |   |                |                     |  |  |
| 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 and accept the obligations of, Soction 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIIIE  PD  Change PD  Change Addition NAME KEITT, JOHN K.  1673 PINE RIDGE RD.  13. STREET ADDRESS  CHY.ST-7/P  IIII  VO  DELETE 21.TILE 22. ANA  SIREFT ADDRESS  CHY.ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME KEITT, NANCY M.  12. ANA  SIREFT ADDRESS  CHY.ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME KEITT, NANCY M.  12. ANA  SIREFT ADDRESS  CHY.ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  ANA  SIREFT ADDRESS  CHY.ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  ACHTY-ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  ACHTY-ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  ACHTY-ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  ACHTY-ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  ACHTY-ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  CHY.ST-7/P  Addition NAME SIREFT ADDRESS  CHY.ST-7/P  IIII  OFFICERS AND DIRECTORS IN 12  Addition NAME SIREFT ADDRESS  CHY.ST-7/P  ADDRESS  CHY.ST-7/P  ADDRESS  CHY.ST-7/P  ADDRESS  CHY.ST-7/P  ADDRESS  CHY.ST-7/P  ADDRESS  CHY.ST-7/P  ADDRESS  CHY.ST |  |   |   | 84                            | City  |   | FL 85          | Zıp Code            |  |  |
| SIGNATURE    Signature framework and accept the obligations of, Section 607,0505, Floridal Statutes.   | 11. Pursuant t                         | to the provisions of Sections 607.  | 0502 and 607.1508, Florida Statut   | es, the abov                  | e-named co  | rporation submits this statement for the pu | roose of chang | ging its registered |  |  |
| SIGNATURE   Signatural transition of proportions alignature and apprile agranure tropared when remaining)   DATE   | office or n<br>agent, har              | egistered agent, or both, in the St<br>m familiar with, and accept the of | tate of Florida. Such change was a<br>bligations of Section 607,0505. Flo | authorized b<br>orida Statute | y the corpora<br>s.                                   | ation's board of directors. I hereby accept | the appointme  | ent as registered   |  |  |
| Part      | ū                                      |   |   |                               |   |   |                | Ì                   |  |  |
| THE   PD   | - SIGNATORE                            | Signature, typed or printed name of registered                            | agent and title if applicable (NOT  | E: Hegistered Ac              | eni signature req                                     |   |                |                     |  |  |
| NAME   STHEET ADDRESS   12 NAME   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY - ST - 2P  |  |   |   | _                             |   | ADDITIONS/CHANGES TO OFFICE                 |                |                     |  |  |
| 1873 PINE RIDGE RD.   13 STREET ADDRESS   14 CITY-ST-ZP  | TILLE                                  |   | ☐ DEFELE  |                               |   |   | LJ Cr          | nange 🔲 Addition    |  |  |
| NAPLES FL  |  |   |   |                               |   |   |                |                     |  |  |
| VD   | ì                                      | 1   |   | 1                             | 1   |   |                | {                   |  |  |
| NAME   STHEIT ADDRESS   CITY ST-ZIP   TITLE   Change   Addition  |  | I * *   | T DELETE  |                               | ST-ZIP  |   | T 1 01         | Addition            |  |  |
| 1673 PINE RIDGE RD   | ļ                                      | · · ·   | T) DETE IF  |                               |   |   |                | nange Lu Audition   |  |  |
| NAPLES FL  |  |   |   |                               | i   |   |                |                     |  |  |
| DELETE   DELETE   STITLE   Change   Addition     NAME   STREET ADDRESS     CHY-ST-ZIP   S4. CHY-ST-ZIP     TITLE   DELETE   4.1 TITLE   Change   Addition     NAME   4.2 NAME     STREET ADDRESS     CHY-ST-ZIP   4.4 CHY-ST-ZIP     TITLE   DELETE   S.1 TITLE   Change   Addition     NAME   STREET ADDRESS     CHY-ST-ZIP   S.2 NAME     STREET ADDRESS   S.3 STREET ADDRESS     CHY-ST-ZIP   S.4 CHY-ST-ZIP     TITLE   DELETE   S.1 TITLE   Change   Addition     NAME   S.3 STREET ADDRESS     CHY-ST-ZIP   S.4 CHY-ST-ZIP     DELETE   S.5 STREET ADDRESS     CHY-ST-ZIP   S.5 CHY-ST-ZIP     CHANGE   S.5 CHY-ST-ZIP     CHA   |  |   |   |                               |   |   |                |                     |  |  |
| NAME   |  | NAPLEO FL   | T neiere  |                               | ST-ZIP  |   |                | Addition            |  |  |
| STREET ADDRESS   | )                                      |   | LJ DELETE   | 1                             | •   |   |                | lange LI Abdition   |  |  |
| STREET ADDRESS   STRE   |  |   |   |                               | T ADDOCES   |   |                |                     |  |  |
| TIRE   |  |   |   | •                             |   |   |                |                     |  |  |
| AAVE   | • • - /                                |   | I DELETE  |                               | 31-41   |   | T C            | nance Addition      |  |  |
| STREET ADDRESS   |  |   | the state of the  |                               | 1   |   |                | J                   |  |  |
| A 4 CITY - ST - ZIP  |  |   |   |                               |   |   |                |                     |  |  |
| TITLE  |  |   |   | 1                             | ]   |   |                | }                   |  |  |
| NAME   | · · · · · · · · · · · · · · · · · · ·  |   | DELETE  |                               | -1 41   |   | ☐ CI           | nange Addition      |  |  |
| STREET ADDRESS   |  |   | <del></del>   |                               |   |   | <del>-</del> - |                     |  |  |
|  | ·                                      |   |   |                               | T ADDRESS   |   |                |                     |  |  |
| 1) ILF         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME  | - 1                                    |   |   |                               |   |   |                | -                   |  |  |
|  | ··                                     |   | DELETE  |                               |   |   | ☐ Cf           | nange Addition      |  |  |
|  | NAME                                   |   |   | 6.2 NAME                      |   |   |                |                     |  |  |
| STREET ADDRESS 63 STREET ADDRESS   |  |   |   |                               |   |   |                |                     |  |  |
| CITY-ST-7P   | 1                                      |   |   |                               |   |   |                |                     |  |  |

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 in an attachment with an address.

SIGNATURE:

Thu John Keitt

3/18/97 (941) 597-2171