SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON DR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

G64176

(2)

DESIGNER KITCHENS AND CABINETRY, INC.

DESIGNED AND SABINETTY, INC.								
Principal Place	Mail	ing Address				# 1601111 AD18 BINI A1881 14841 (AR18 BI	i dikil didil qadil didil digil bibil ikki	
132-A TOMAH INDIAN HARB		132-A TOMAHAWK DR. INDIAN HARBOUR BEACH FL 32937						
							3. Date Incorporated or Qualified 10/07/1983	3a. Date of Last Report 08/15/1995
	ace of Business	2a. !	2a. Mail ng Address				4. FEI Number	Applied For
21		26		. ,			59-2329871	Not Applicable
Suite, Apt #	ŧ, et c	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be
23		26	— ´				Trust Fund Contribution	Added to Fees
Zip Country		├ ──	<u> </u>		ountry		8. This corporation has liability for in	~
24 25 25					30		Florida Statutes 10. Name and Address of New Reg	
	9. Name and Address of Cur	ent negiste	rea Agent		81	Name	10. Name and Address of New Neg	istered Agent
	RAM, CHARLES W. 2-A TOMAHAWK DR.				-	0	(50.0	
	2-A TOMANAWA DA. DIAN HARBOUR BEACH FL 3	2037	937		82	Street Add	dress (P.O. Box Number is Not Acceptable	2)
H AL	PART TRAINDOON BENOTT IE O	2001			83			
					84	City		85 Zip Code:
								FL
agent. I ar SIGNATURE	egistered agent, or both, in the Standard accept the ob-	ligations of, 5	Section 607.050	5, Florida Stat	ules		poration submits this statement for the pur tion's board of directors. Thereby accept t	he appointment as registered
12.	<u> </u>	AND DIRECT	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	DP		DELET	E 117	ITLE			Change Addition
NAME	ORAM, CHARLES W			128	1.2 NAME			
STREET ADDRESS						ADORESS		
CITY-ST-ZIP					1 4 CITY - ST - ZIP			Change Addition
TITLE NAME			DELETE 217		AME		Change [] Artitio	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP						ST ZIP		
TITLE	Del E16				3.1.101.6			Change Addition
NAME				3 2 N	IAME			
STREET ADDRESS				338	TREET	FADDRESS		
CITY-ST-ZIP						SI - ZIP		
TITLE			DELET					Change Addition
NAME					VAME	į		
STREET ADDRESS						LADDRESS		
CITY-ST-ZIP TITLE			DELET			ST-ZIP		Change Addition
NAME				526				C.I Can
STREET ADDRESS						T ADDRESS		
CITY-ST-7IP						Sť-ZIP		
TITLE				Γ ξ 617	61 TITLE		90000192 -08/21/960108	Bell Glunge Ad lit on
NAME			621	6.2 NAME				
STREET ADDRESS				635	TREET	T ADDRESS	***375.00	
CITY-SY-ZIP						ST-ZiP		(0.0720W) First Co
further cei made und	rtify that the information indicated	on this annu- ector of the c	ial report or sup corporation or th	plemental and le receiver or t	ua! r ruste	report is true se empower	alify for the exemption stated in Section 1: and accurate and that my signature shall ed to execute this report as required by C	have the some legal effect as U

SIGNATURE: __

GIGHNTORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/96

Dayson Place #

:R2E034 (3/90