FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G75098** **(5)**

1. Corporation Name

ABA CUSTOM CABINETS, INC.

Principal Place of Business	Mailing Address
1305 POINSETTIA DR. #8 STE 7 DELRAY BEACH FL 33444 US	1305 POINSETTIA DR. #8 STE 7 DELRAY BEACH FL 33444 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/15/1983**

3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 1305 Poinsettia Dr.	26 Suite, Apt. #, etc.: 1305 Poinsettia Dr.
22 Suite 6 and 7	27 Suite 6 and 7
23 City & State: Delray Beach, Fl.	28 City & State: Delray Beach, Fl.
24 Zip: 33444 25 Country: Palm Beach	29 Zip: 33444 30 Country: Palm Beach

4. FEI Number: **59-2355549** ☐ 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

9. Name and Address of Current Registered Agent

ORME, VERNON J.
6823 JASPERS DRIVE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: Dennis S. Lefkowitz, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
83 2295 Corporate Blvd., N.W.
Suite 120
84 City: Boca Raton **FL** 85 Zip Code: 33431

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: [signature] 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	ORME, VERNON J.	1.2 NAME	
STREET ADDRESS	6823 JASPERS DRI	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	LOPEZ, DAVID M.	2.2 NAME	PD
STREET ADDRESS	4956 LINCOLN RD.	2.3 STREET ADDRESS	David M. Lopez
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	1360 Sabal Lakes Rd
TITLE	VD	3.1 TITLE	Delray Beach, Fl. 33445 ☒ Change ☐ Addition
NAME	WIKLE, RICHARD KEITH	3.2 NAME	VD
STREET ADDRESS	8500 MILDRED DR. W.	3.3 STREET ADDRESS	Richard Keith Wikle
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	7093 Charleston Point Dr.
TITLE		4.1 TITLE	Lake Worth, Fl. 33467 ☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Vernon J. Orme 3/30/95 (407) 272-0494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q97410 CP