

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

FILED

Jan 23 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 # G75098 (5)

1. Corporation Name

ABA CUSTOM CABINETS, INC.

Principal Place of Business

Mailing Address

1305 POINSETTIA DR., #8
SUITE 6 AND 7
DELRAY BEACH FL 33444
US

1305 POINSETTIA DR., #8
SUITE 6 AND 7
DELRAY BEACH FL 33444-1251
US

3. Date Incorporated or Qualified

12/15/1983

3a. Date of Last Report

03/20/1996

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

2. Principal Place of Business

2a. Mailing Address

21 1305 Poinsettia Dr

26 1305 Poinsettia Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6 and 7

27 6 and 7

City & State

City & State

23 Delray Beach Fl

28 Delray Beach, Fl.

Zip

Country

Zip

Country

24 33444

25 USA

29 33444

30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEFKOWITZ, DENNIS S
2295 CORPORATE BLVD., N.W.
SUITE 120
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	ORME, VERNON J.	
STREET ADDRESS	8823 JASPERS DRI	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOPEZ, DAVID M.	
STREET ADDRESS	1360 SABAL LAKES RD	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WIKLE, RICHARD KEITH	
STREET ADDRESS	7093 CHARLESTON POINT DR	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Vernon J. Orme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/97 561-272-0494

CR2E034 (9/96)