

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90032 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G75098

1. Corporation Name
ABA CUSTOM CABINETS, INC.

Principal Place of Business

1202 POINSETTIA DRIVE
DELRAY BEACH FL 33444
US

Mailing Address

1202 POINSETTIA DRIVE
DELRAY BEACH FL 33444
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1983

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME ORME, VERNON J.
STREET ADDRESS 8823 JASPERS DRI
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

1.1 TITLE S/T/D
1.2 NAME Vernon J. Orme
1.3 STREET ADDRESS 8823 Jaspers Drive
1.4 CITY-ST-ZIP Boynton Beach, FL 33437

☒ Change

☐ Addition

TITLE PD
NAME LOPEZ, DAVID M.
STREET ADDRESS 1360 SABAL LAKES RD
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

2.1 TITLE P/D
2.2 NAME David M. Lopez
2.3 STREET ADDRESS 1360 Sabal Lakes Rd.
2.4 CITY-ST-ZIP Delray Beach, FL 33445

☒ Change

☒ Addition

TITLE VD
NAME WIKLE, RICHARD KEITH
STREET ADDRESS 7093 CHARLESTON POINT DR
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

3.1 TITLE ~~VP/D~~
3.2 NAME ~~7093 Charleston Point Dr.~~
3.3 STREET ADDRESS ~~Lake Worth, Florida 33467~~
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE VP/D
4.2 NAME Richard Keith Wikle
4.3 STREET ADDRESS 7093 Charleston Point Dr.
4.4 CITY-ST-ZIP Lake Worth, Florida 33467

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

561-272-0494

SIGNATURE:

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

1/26/99
Date

Daytime Phone #

CR2E034 (11/98)