SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 11: 12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # G80053 (3)

1. Corporation Name
ATLAS CABINETS, INCORPORATED

Principal Place of Business	Mailing Address
C/O ESTHER R. FEDERBUSH 2801 N.W. 55TH COURT, #7E TAMARAC FL 33309	C/O ESTHER R. FEDERBUSH 2801 N.W. 55TH COURT, #7E TAMARAC FL 33309

3. Date Incorporated or Qualified: 01/24/1984
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 8638 Dreamside La	26 8638 Dreamside Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, Fl.	City & State 28 Boca Raton Fl.
Zip 24 33496 Country 25 Palm Beach	Zip 29 33 Country 30 Palm Beach

4. FEI Number: 59-2425303 ☐ 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

FEDERBUSH, ESHTER R.
2801 N.W. 55TH COURT
#7E
TAMARAC FL 33309

10. Name and Address of New Registered Agent

81 Name: Federbush, Esther
82 Street Address (P.O. Box Number is Not Acceptable): 8638 Dreamside Lane
83
84 City: Boca Raton FL 85 Zip Code: 33496

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	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	FEDERBUSH, ESTHER	1 2 NAME	
STREET ADDRESS	8638 DREAMSIDE LANE	1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1 4 CITY-ST-ZIP	
TITLE	ST	2 1 TITLE	☐ Change ☐ Addition
NAME	FEDERBUSH, SIDNEY	2 2 NAME	
STREET ADDRESS	8638 DREAMSIDE LANE	2 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ 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	

CR2E034 (3/95)

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)(k), 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: Esther Federbush 7/3/95 (305) 973-3729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0072814 CP