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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H37531

(1)

CABINET DISTRIBUTORS, INC.

FILED
May 16 1997 8:00am
Secretary of State

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Principal Place of Business 512 BIRDSONG COURT 1073 - C LONGWOOD FL 32779		Mailing Address P.O. BOX 162363 ALTAMONTE SPRINGS FL 32716-2363 US		1990   0190    111    1900   01700 1170   1170				
US					3. Date Incorporated or Qualified 01/10/1985	1	e of Last R 1/1996	leport
	lace of Business	2a. Mailing Address	6000		4. FEI Number			pplied For
512 B1 Suite, Apt	rdsong Court	26 P.O. Box 9] Suite, Apt. #, etc.	1-0099		59-2490463			of Applicable
Suite, Apr.	<b>₩</b> , 000	27			5. Certificate of Status Desired	<b>₩</b>		Additional equired
City & Stat	e	City & State			6. Election Campaign Financing	<del></del>		May Be
Longwo		28 Longwood, FL		· · · · · · · · · · · · · · · · · · ·			I to Fees	
ZiD	Country	Zip	Countr		8. This corporation has fiability for i	ntangible t	ax under s	. 199.032,
4 32779	<sub>25</sub> USA	<sub>29</sub> 32791	30 U S	A		Yes [		
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Re	gistered A	gent	
512	KE, CARL BIRDSONG COURT GWOOD FL 32779		81 82 83	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
•							<del></del>	
		•	64	City		FL	<b>85</b> Zip	Code
SIGNATURE	Signature typino or printed name of registered at OFFICERS At	gent and title if applicable (NC	OTE: Registered Ag	eni signalure requ	elred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTOR	RS IN 12
THEE	PD	DELETE	1.1 TITLE				Change	Additio
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STREET ADDRESS				T ADDRESS				
CHY-SI-ZIP	by cost to the information supply	ad with this filing door not ave	6.4 CITY-		d in Section 119 07/3Vi) Florida Statute	Liurther	codify that	the

It 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 for 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:

4/29/97 407-774-5844