PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H38093**

1. Corporation Name

CUPBOARDS, INC.

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Jan	29,	1999	8:00am
Sec	cret	ary o	f State

01-29-1999 90056 015 ***150.00

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CAPE CORAL I	FL 33990	CAPE CORAL FL 33990 US				DO NOT WE		SSPACE	
03						3. Date Incorporated or Qualife	a		}
2 Principal P	Place of Business	2a. Mailing Address				01/16/1985 4. FEI Number			Applied For
21	lace of Eddiness	26 A				59-2476125			lot Applicable
Suite, Ant.	. #. etc.	Suite, Ant #, etc,		— <u> </u>					Additional
22	TO PARTIES	27				5. Certifcate of Status Desired		•	Required
City & Stat	te	City & State				6. Election Campaign Financing	1 _	\$5.00) May Be
23	si i	128				/ Trust Fund Contribution	' Ц		to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the cu	rrent year In	tangible	
24	25	29	30			Personal Property Tax.		Yes	.□No
	9. Name and Address of Current					10. Name and Address of New	Registered	Agent	
00	BOUGH LEGHE ALLEM	•	1	81 N:	ame			•	
	RSUCH, LESLIE ALLEN		1	82 SI	reet Addre	ess (P.O. Box Number is Not Accep	table)		
	SE 9TH LANE			_			<u>، د چین کی دا</u>	14 10	· 5 6 4 2 - 74 1 1 1 1 1 1
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CAF	E COMME PE 33990		- 1	84 Ci	tv	- For the last sens	18:17:17:3.4.1	***	Code
600 08 08 14	/**	<u> </u>	- 1	-	٠.		FI	_ ' '	}
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	l and 607.1508, Florida Statutes	s, the abo	ove-na	med corpor	ration submits this statement for the	e purpose o	f changing it	s registered
CAP agent. La	am familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statut	tes.	ooi poratioi	in a bound of different state of according to	. ا. ا. - ا		gioloico
SIGNATURE		LES GORSULH		_		<u> </u>	1/11/9	9	
12.	Schature typed or printed name of registered agent		Registered A	gent sign	ature required v	when reinstating)	DATE TO A	NO DIDECT	ODO IN 40
TITLE	OFFICERS AND	DELETE	1.1 TITL			ADDITIONS/CHANGES TO O	FFICERS A	Change	
NAME	HOWAT, DOUGLAS M	- Official	1.2 NAM			E4.20% (1)		C3 onango	Addition
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CYDEET ADDDESS									
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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.