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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 # J08070

(1)

1. Corporation Name
OCEANSIDE CABINETS, INC.

Principal Place of Business

18 N OLEANDER ST
PO BOX 518
FELLSMERE FL 32948
US

Mailing Address

1585 FARNSWORTH AVE
VALKARIA FL 32950-4204
US



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/07/1986

3a. Date of Last Report

02/08/1996

4. FEI Number

59-2662780

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

OWENS, WILLIAM DANA
1585 FARNSWORTH AVE
VALKARIA FL 32950

10. Name and Address of New Registered Agent

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 DV
NAME OWENS, CLAYTON
STREET ADDRESS 1011 TROUTMAN BLVD NE
CITY- ST- ZIP PALM BAY FL

DELETE

TITLE D
NAME OWENS, ALICIA
STREET ADDRESS 0801 PINE ST.
CITY- ST- ZIP MICCO FL

DELETE

TITLE D
NAME OWENS, KAREN
STREET ADDRESS 1585 FARNSWORTH AVE.
CITY- ST- ZIP VALKARIA FL

DELETE

TITLE P
NAME OWENS, WILLIAM VERNON
STREET ADDRESS 0801 PINE ST.
CITY- ST- ZIP MICCO FL

DELETE

TITLE ST
NAME OWENS, WILLIAM DANA
STREET ADDRESS 1585 FARNSWORTH AVE.
CITY- ST- ZIP VALKARIA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DV
12 NAME OWENS, CLAYTON
13 STREET ADDRESS 9688 HONEY SUCKLE DR
14 CITY- ST- ZIP MICCO FL 32976

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

Change Addition

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.

William Vernon Owens

SIGNATURE:

Signature and typed or printed name of signing officer or director

01/14/97

Date

(561) 571 0736

Daytime Phone #

CR2E034 (9/96)