

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J38684 (3)
1. Corporation Name
ROYAL CABINETS, INC.

Principal Place of Business Mailing Address
**400-E ROYAL COMMERCE RD.
ROYAL PALM BCH. FL 33411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/21/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2740949** 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

2. Principal Place of Business 2a. Mailing Address
21 **300-A ROYAL COMMERCE RD.** 26 **300-A ROYAL COMMERCE RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **ROYAL PALM BCH. FL** 28 **ROYAL PALM BCH. FL**
Zip Country Zip Country
24 **33411** 25 **33411** 29 **33411** 30 **33411**

9. Name and Address of Current Registered Agent

**FUCHS, LAWRENCE M.
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SANTAMARIA, JESS R.**
STREET ADDRESS **400 E ROYAL COMMERCE RD.**
CITY - ST - ZIP **ROYAL PALM BCH FL**

TITLE **VST**
NAME **SANGER, WALLY**
STREET ADDRESS **400 E. ROYAL COMMERCE RD**
CITY - ST - ZIP **ROYAL PALM BCH FL**

TITLE **D**
NAME **SANGER, WALLY**
STREET ADDRESS **400 E ROYAL COMMERCE RD.**
CITY - ST - ZIP **ROYAL PALM BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

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

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(2)(b), 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALLY D. SANGER

04/25/95 (407) 798-0901
Date Signature