


**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90009 044 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT #</b> <i>JD 2500</i><br>1. Corporation Name<br><i>KIT. CABINETS, INC.</i>   |  |   |   |   |  |
| Principal Place of Business<br><i>8183 AMBACH WAY</i><br><i>HYPOLEXO, FL 33462</i>  |  |   | Mailing Address<br><i>606 SOUTH C ST. #106</i><br><i>LAKE WORTH, FL 33460</i>   |   |  |
| DO NOT WRITE IN THIS SPACE  |  |   |   |   |  |
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country   |  |   | 3. Date Incorporated or Qualified<br><i>03/13/1987</i><br>4. FEI Number<br><i>65-0296116</i><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| 26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country   |  |   | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| 9. Name and Address of Current Registered Agent<br><i>LAMMI, EDWIN W.</i><br><i>508 LUCERNE AVE.</i><br><i>LAKE WORTH, FL 33460</i>   |  |   | 10. Name and Address of New Registered Agent<br>81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br>Signature, typed or printed name of registered agent and title if applicable.  |  |   |   |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <i>PRESIDENT</i> <input type="checkbox"/> DELETE<br>NAME <i>ELOF LINDELL</i><br>STREET ADDRESS <i>606 SOUTH C ST. #106</i><br>CITY-ST-ZIP <i>LAKE WORTH, FL 33462</i>   |  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |   |  |

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.

SIGNATURE: *Elof Lindell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELOF LINDELL

MAR 19 / 1999 (561) 586-2486

Date

Daytime Phone #

CR2E034 (11/98)