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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90009 032 ***150.00

DOCAL	MENT	# ,	1891	96

1. Corporation Name

CONTEMPORARY CABINET DESIGNS, INC.

Principal	Place	of	Business

Mailing Address

1399 S.W. 30TH AVE.. #6 BOYNTON BEACH FL 33426 1399 S.W. 30TH AVE.. #6 BOYNTON BEACH FL 33426

BOTNION BEAC	IN BEACH PL 33420 BOINTON BEACH PL 33420		DO NOT WRITE IN THIS SPACE				
				 Date Incorporated or Qualifed 08/25/1987 			
2. Principal Pla	ace of Business	2a. Mailing Address	No. 0	4. FEI Number	Aprilled For		
211399	5.10.30th Huenus	26 13995, 20,30	²³ Hoenu	£ 59-2838442	Not Applicable		
Suite, Act.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Brus	ton beach, Fl.	28 Boynton De	ACh, FL	Trust Fund Contribution	Added to Fees		
Zip ,	Courtry	Zip	Country	8. This corporation owes the current year			
24 33-1	25 (15A	29 3343LP 30	USA	Personal Property Tax.	Yes No		
	9. Name and Adoress of Current	Registered Agent		10. Name and Address of New Registe	re d Agent		
1399	P, ROBERT SW 30TH AVE #6 NTON BEACH FL 33426		82 Street A 83	HOBERT TULD Audress (P.O. Bo): Number is Not Acceptable) 2 5, w. (100 ACCEPTAGE)	#13		
			84 -Giy		FL 85 Zip Code 33406.		
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 a cept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent a		gistered Agent signature re				
12.	OFFICERS AND		13.	TO OFFICER:	S AND DIRECTORS IN 12 Change		
TITLE	DP	☐ DELETE	1.1 TITLE	Balant IIII D	X Change Madition		
NAME	TULP, ROBERT		12 NAME	Robert Tulp 1399 5.12.30th Avenue	#13		
STREET ADDRESS	1399 SOUTHWEST 30 AVE.#6		1001112011201	Boyntari Bench, Fl. 334	1.510		
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY- ST- ZIP	BOYNIA DEHON, FC. 000	Change Addition		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME			2.2 NAME		1		
STREET ADDR ISS			2.3 STREET ADDRESS		1		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME		ļ		
STREET ADDR :SS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition		
NAME			4 2 NAME		ì		
STREET ADDR ESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5,4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
STREET ADDRESS			CACITY OT 7ID		1		

14. There by 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 pressure 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 changes or on a sattachment with an address, with all other like empowered

SIGNATURE:

SIGNA WE AND TYPED OF PRINTED NAME OF SIGNING OFFIC TO DIRECTOR

1-23-99

138-1953 Daytime Phone # CR2E034 (11/98)