PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90028 002 ***150.00

DOCUMENT # K08438 1. Corporation Name	
WINKEL & SON CABINET, INC.	(100 (BH) B) (00 (B) (10 (B)

	W SON SADINET, INC.						
Principal Place	e of Business	Mailing Address					
5720 US HWY #	<i>#</i> 1	5720 US HWY #1					
VERO BEACH F	L 32967	VERO BEACH FL 32967			DO NOT WIDITE IN	THE CDACE	
U\$ U\$					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					12/22/1987		noticed Fore
2. Principal Pl	tace of Business	2a. Mailing Address	برم ار	514	4. FEI Number	⊢ †	pplied For
21			th UT	<u>. S.W.</u>	65-0023112		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	*	Additional lequired
22		27					
City & State City & State Reach, Fla				6. Election Campaign Financing		May Be to Fees	
23			Country	a-	Trust Fund Contribution		to rees
Zip	Country	29 3a968 3	_ `		8. This corporation owes the current year	ir intangible	MiNo
24	25		10		Personal Property Tax. 10. Name and Address of New Registe		123110
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Registe	rea Agent	
CAD	RIS, CHARLES E.		"	Name			
	5 14TH AVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	O BEACH FL 32960						
VEFIL	O DEACH PE 32900		83				
			84	City		85 Zip	Code
						FL 00 2	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	-named corpo	oration submits this statement for the purpos m's board of directors. I hereby accept the a	e of changing it	s registered eaistered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.	ne corporado	and bound of disposors. I horoby decept the d	PP-	
SIGNATURE							1
SIGNATURE	Signature, typed or printed name of registered age						
	Signature, typed or printed name or registered age	nt and title if applicable (NOTE: R	Registered Agent	signature required	(when reinstating) DAT		
12.	OFFICERS AN	ID DIRECTORS	Registered Agent	signature required	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	
12.	OFFICERS AN			signature required			
	PS WINKEL, GEORGE F.	ID DIRECTORS	13.	signature required		S AND DIRECT	
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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 changes, or on an attachment with an address with all other like empowered.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/99

(561) 567-4263

KZEU34 (11/98)