

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90074 031 ***150.00

DOCUMENT # K09789

1. Corporation Name
KITCHEN DESIGNS, INC.

Principal Place of Business

4460 NO GOLDENROD RD
BLDG 101
WINTER PARK FL 32792
US

Mailing Address

4460 NO GOLDENROD RD
BLDG 101
WINTER PARK FL 32792
US

2. Principal Place of Business

21 **KITCHEN DESIGNS, INC.**

Suite, Apt. #, etc.

22 **7306 Sandscove Ct.**

City & State

23 **Winter Park, FL**

Zip

24 **32792**

Country

25 **US**

2a. Mailing Address

26 **KITCHEN DESIGNS, INC.**

Suite, Apt. #, etc.

27 **7306 Sandscove Ct.**

City & State

28 **Winter Park, FL**

Zip

29 **32792**

Country

30 **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1987

4. FEI Number

59-2888859

Applied For

Not Applicable

5. Certificate of Status Desired ☐ -- --

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

POTCHEN, DOUGLAS S.
4460 N. GOLDENROD ROAD
BLDG 101
WINTER PARK FL 32792

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 **P** ☐ DELETE

NAME **POTCHEN, DOUGLAS S.**

STREET ADDRESS **644 CAYUGA DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **POTCHEN, DIANE S.**

STREET ADDRESS **644 CAYUGA DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **POTCHEN, THOMAS M.**

STREET ADDRESS **4501 N. LANDMARK DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 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:

Douglas Potchen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

(407)679-6789

Daytime Phone #

CR2E034 (11/98)