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

CORPORATION ANNUAL REPORT

1999

DOCUMENT # K78859



Secretary of State **DIVISION OF CORPORATIONS**

PROFIT FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90064 015 ***150.00

١.	Corporation Name	Ī		
	BALCAVAGE CUSTON	A	FURNITURE AND CABINETRY,	INC.

Principal Place of Business C/O DONALD J. TUREK 835 B., WASHBURN ROAD

Mailing Address C/O DONALD J. TUREK 835 B. WASHBURN ROAD

MELBOURNE FL 32934-7332	MELBOURNE FL 32934-7332		DO NOT WRITE IN THIS SPACE				
		•	3. Date Incorporated or Qualifed 04/10/1989				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
4	26	-	59-2947773	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired ·	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		untry	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ►			
9. Name and Address of Curr	ent Registered Agent	10. Name and Address of New Registered Agent					
TUREK, DONALD J.	1 ,	81 Name					
835 B., WASHBURN ROAD		82 Street Address (P.O. Box Number is Not Acceptable)					
MELBOURNE FL 32935		83		*			
		84 City	F				

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. Upped or offsted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTOR:		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12				
TITLE	D	☐ DELETE	1.1·TITLE		☐ Change	Addition				
NAME	TUREK, DONALD J.		1.2 NAME			į				
STREET ADDRESS	835 WASHBURN ROAD		1.3 STREET ADDRESS			[
CITY-ST-ZIP	MELBOURNE FL		1.4 C(TY+ST-ZIP							
πιε	Ρ .	□ DELETE	2.1 TITLE		Change	☐ Addition {				
NAME	BALCAVAGE, GREGORY		2.2 NAME							
STREET ADDRESS	835 WASHBURN ROAD	-	2.3 STREET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP							
TITLE		DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME	•		3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 ΠΤLE		Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
C/TY-ST-Z/P			4.4 CITY+ST-ZIP			C779 1 1 4111				
TITLE		☐ DELETE	5.1 TTLE		Change	Addition				
NAME			5.2 NAME		•					
STREET ADDRESS			5.3 STREET ADDRESS							
CfTY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE SIGN	50°40'4491 63° 65°743°	DELETE	6.1 TITLE		Change	Addition				
	The state of the s		6.2 NAME							
STREET ADDRESS	Sv. Peral (B)		6.3 STREET ADDRESS	•		:				
CITY-ST-7IP	*		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