FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00328 (9)

1. Corporation Name
KITCHENS & BATHS BY AMBIANCE, INC.

Principal Place of Business
16520-9 SOUTH TAMIAMI TRAIL
FORT MYERS FL 33908

Mailing Address
16520-9 SOUTH TAMIAMI TRAIL
FORT MYERS FL 33908

3. Date Incorporated or Qualified: 07/07/1989
3a. Date of Last Report: 03/28/1995
4. FEI Number: 65-0141114 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 16520-9 S. TAMiAMi TRL.
Suite, Apt. #, etc.
22 9
City & State
23 FT. MYERS, FL.
Zip 24 33908 Country 25 LEE

2a. Mailing Address
26 16520-9 S. TAMiAMi TRL.
Suite, Apt. #, etc.
27 9
City & State
28 FT. MYERS, FL.
Zip 29 33908 Country 30

9. Name and Address of Current Registered Agent
HELMS, PAUL B.
16520-9 S. TAMIAMI TRAIL
FORT MYERS FL 33908

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] PAUl Helms 3/21/96
(Signature, typed or printed name of registered agent and title if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MIX, TOM	
STREET ADDRESS	16520-9 S. TAMIAMI TRAIL	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	☐ DELETE
NAME	HELMS, PAUL B.	
STREET ADDRESS	16520-9 S. TAMIAMI TRAIL	
CITY-ST-ZIP	FORT MYERS 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY / TREASURER	☐ Change ☒ Addition
1.2 NAME	SONDRA HELMS	
1.3 STREET ADDRESS	16520-9 S. TAMiAMi TRAiL	
1.4 CITY-ST-ZIP	FORT MYERS, FL. 33908	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] SONDRA HELMS 3/21/96. (941) 489-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)