

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L04320** (2)
1. Corporation Name
SOUTHERN CUSTOM CABINETS, INC.



Principal Place of Business 3004 KANAN WOOD STE #100 OVIEDO FL 32765 US	Mailing Address 3004 KANAN WOOD STE #100 OVIEDO FL 32765 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/24/1989	
				4. FEI Number 59-2960495	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent IRWIN, BETH ANN 8120 BUCKSAW DRIVE ORLANDO FL 32807				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	EONTA, BETTY LOU	1.1 TITLE		1.2 NAME	
STREET ADDRESS	758 PHOENIX LANE			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	OVIEDO FL			2.1 TITLE	PRESIDENT	2.2 NAME	IRWIN, KEVIN S.
				2.3 STREET ADDRESS	332 GRAHAM AVE	2.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE	VD	NAME	IRWIN, KEVIN S.	3.1 TITLE	VICE PRES - SEC TREAS	3.2 NAME	IRWIN, BETH ANN
STREET ADDRESS	8120 BUCKSAW DRIVE			3.3 STREET ADDRESS	332 GRAHAM AVE	3.4 CITY-ST-ZIP	OVIEDO FL 32765
CITY-ST-ZIP	ORLANDO FL			4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	STD	NAME	IRWIN, BETH ANN	5.1 TITLE		5.2 NAME	
STREET ADDRESS	8120 BUCKSAW DRIVE			5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL			6.1 TITLE		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.

SIGNATURE *[Signature]* 4-15-98 (140)311-0018

CR2E034 (10/97)