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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21344

(1)

Mailing Address

DESIGNER KITCHENS & BATHS, INC.

FILED	
May 01 1997 8:00an	n
Secretary of State	

OHARLES PODLE 4/13/97 954.565.3473

2500 WILTON 1 FT LAUDERDAI				500 WILTON DR. T LAUDERDALE FL 33305	5-1253				•				
								}	3. Date Incorporated or Qualified 10/02/1989		ate of Last 19/1996		
2. Principal Pi	ace of Business		2a.	. Mailing Address					4. FEI Number	1		Applied For	
21			26	.				1	65-0150442		J	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	1	\$8.75 Additional Fee Required			
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	25	untry	Zip Country 29 30						Florida Statutes	for intengible tax under s. 199.032, Yes No			
		dress of Current F	Regis	stered Agent		 -			10. Name and Address of New A	egistered	Agent		
	MOND, BARRY A.					81	Name					j	
	1 N PINE ISLAND	RD				82	Street	Addres	s (P.O. Box Number is Not Accepta	able)			
	250						[<u> </u>	· · · · · · · · · · · · · · · · · · ·			
FTL	AUDERDALE FL :	33321				83	ļ 1					ļ	
						84	City			FL	85 Zi	p Code	
11. Pursuant office or reagent. I as	to the provisions of s egistered agent, or l m familiar with, and	Sections 607.0502 a both, in the State of accept the obligation	and C Flori	007,1508, Florida Statuti ida. Such change was a st, Section 607.0505, Flo	es, the authoriz orida St	above ed by atutes	e-named the corps	l corpor poration	ation submits this statement for the n's board of directors. I hereby acco	purpose of ept the app	changing ointment a	its registered as registered	
SIGNATURE	Signature, typed or printed	name of registriced agent a	ano tita	if applicable [NOT	(E. Registe	red Age	ent signature	e required	when reinstating)	DATE		··	
12.		OFFICERS AND D		`	13				ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12	
TITLE	DPT			DELETE	1.3	HILE					☐ Change	Addition	
NAME	POOLE, CHARL				1,2	NAME		{				ļ	
STREET ADDRESS	4321 NE 28TH	_			1.3	STREET	ADDRESS	(ſ	
CITY-ST-ZIP	FT LAUDERDAL	<u>E FL</u>			1.4	CITY - S	ST-ZIP	<u> </u>					
TITLE	DVS			DELETE	21	11TLF					Change	Addition	
NAME	SLOOTSKY, JO				2.2	NAME		}					
STREET ADDRESS	3701 N. COUN	TRY CLUB DK.			2 3 STREET ADD		ADDRESS	ļ					
CITY-ST-ZIP	N. MIAMI FL					CITY-	S1-ZIP	<u> </u>					
TITLE	D D	v .		DELETE	- 6	TITLE		Į			Change	e	
NAME]	WELKY, ROBER					NAME		}				ļ	
STREET ADDRESS	3050 NE 16TH				3.3	STREET	ADDRESS	}					
CITY-ST-ZIP	OAKLAND PAR	N FL				CITY-	S1 - ZIP	 			-		
TITLE				DELETE	1	TITLE]			☐ Change	Addition	
NAME						NAME]					
STREET ADDRESS							ADDRESS	J					
CITY-ST-ZIP				T DELETE		CITY-S	31 - ZIP	 	· 		Chann	. Turkey	
TITLE				DELETE	1	TITLE		1			Change	Addition	
NAME ATREET ADDRESS						NAME	: DDDDEGE	Ì					
STREET ADDRESS							ADDRESS	1					
CITY-ST-ZIP TITLE				DELETE		CITY-S	51 - ZIP	 			Change	Addition	
NAME				LJ DESCRE	1	NAME		}			L Change	, LJ Augmon	
STREET ADDRESS							ADDRESS	ł					
					1)	•				
CITY-ST-ZIP	ov certify that the inf	ormation supplied v	with th	his filing does not qualit	fy for th	CITY-S	motion s	stated in	s Section 119 07/3)(i) Florida Statut	es I furthe	r certify th	et the	
Informatio I am an of appears i	in Indicated on this a flicer or director of the n Block 12 or Block	annual report or sup he corporation or th 13 if changed, or or	oplem ie rec in an	nental annual report is to ceiver or trustee empow attachment with an add	rue and vered to dress.	accı exec	urate and cute this	d that m report a	n Section 119.07(3)(i), Florida Statu ny signature shall have the same leg as required by Chapter 607, Florida	gal effect as Statutes; a	if made und that my	inder oath; that / name	