FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY 26 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L24617 (7)

1. Corporation Name
CABINET WAREHOUSE, INC.

Principal Place of Business	Mailing Address
2303 HAYES ST HOLLYWOOD FL 33020	2303 HAYES ST HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 999 Eller Dr. 22 Suite, Apt #, etc. #A5 23 City & State Dania, Fl. 24 Zip 33004 25 Country Broward	2a. Mailing Address 26 P.O. Box 22733 27 Suite, Apt #, etc. 28 City & State Ft. Lauderdale, Fl. 29 Zip 33335 30 Country Broward

3. Date Incorporated or Qualified: 10/23/1989
3a. Date of Last Report: 08/05/1994
4. FEI Number: 65-0164834 ☐ 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

9. **Name and Address of Current Registered Agent**

SCHWARTZ, ROBERT M.
4040 SHERIDAN STREET
HOLLYWOOD FL 33021

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	RAY, JOHN J.	12 NAME	
STREET ADDRESS	2303 HAYES STREET	13 STREET ADDRESS	P.O. Box 22733
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	Ft. Lauderdale, Fl. 33335
TITLE	~~V~~	21 TITLE	☒ Change ☐ Addition
NAME	~~RAY, JOHN J.~~ N/A	22 NAME	
STREET ADDRESS	~~2303 HAYES STREET~~	23 STREET ADDRESS	~~delete~~ P.O. Box 22733 N/A
CITY ST ZIP	~~HOLLYWOOD FL~~	24 CITY ST ZIP	Ft. Lauderdale, Fl. 33335
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	700001501477
STREET ADDRESS		43 STREET ADDRESS	-05/30/95--01030--024
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 the 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: John J. Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-17-95
Daytime Phone #: (305) 467-0052

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