_PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L29096**

1. Corporation Name

BEST CRAFT CABINETS OF SARASOTA, INC.

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| D. L. da el Cla | of Business | Mailing Address | | | 1 | f 18811811 81E 11815 16111 at | | | |
| Principal Place of Business | | · · · · · · · · · · · · · · · · · · · | 4431 INDEPENDENCE CY | | |]] | | | |
| 4431 INDEPENDENCE CT SARASOTA FL 34234-4711 | | SARASOTA FL 34234 | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | ļ | 11/13/1989 | | | |
| | | a. Mailing Addrage | | | | 4. FEI Number | | Ar | plied For |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | ļ | 65-0143458 | | | ot Applicable |
| 21 | | Suite, Apt. #, etc. | | | | Certificate of Status Desir | ed 🗆 | | Additional |
| Suite, Apt. #, etc. | | , | 27 Suite, Apr. #, etc. | | | 5. Certificate of Status Desir | Fee Required | | |
| 22 | | City & State | | | | 6. Election Campaign Finan | ocing [7] | | May Be |
| City & State |) | 28 | | _i | | Trust Fund Contribution | ., | | to Fees |
| 23 | Country | Zip | Countr | ry | | 8. This corporation owes the | e current year | Intangible ☐ Yes | XINO |
| Zip | 25 | 29 | 30 | | | Personal Property Tax. | Now Popletor | | |
| 24 | 9 Name and Address of Cu | urrent Registered Agent | | <u> </u> | | 10. Name and Address of | vew register | en vilour | |
| | Section of a market | 17,2 | 8 | 1 Name | | _ | | | |
| IZZO | | | . 8 | 2 Stree | t Addre | ess (P.O. Box Number is Not A | cceptable) | | |
| ଟିଲିକ 180 । | , John P. N. Indiana ave: | A. 17 (\$1.15) 41 \$15.24 | L | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | in the second | The Control | |
| ENG | LEWOOD FL | | 8 | 13 | | 145 3 3 3 mm A VI | 设计划数据 | 社的問題 | 14 48 18 |
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| 11. Pursuant | to the provisions of Sections 60 | 7.0502 and 607.1508, Florida Statute | s, the about | ove-name | d corpo | oration submits this statement to | for the purpose accept the ap | e of changing in ppointment as, r | egistered |
| .11. Pursuant | to the provisions of Sections 60 registered agent, or both, in the sections for figure with and accept the | 7.0502 and 607.1508, Florida Statute State of Florida, Such change was au obligations of, Section 607.0505, Flor | is, the about thorized to ida Statut | ove-name | d corpo poration | oration submits this statement in board of directors. I hereby | for the purpose accept the ap | e of changing in ppointment as, | egistered |
| io agentia | to the provisions of Sections 60 registered agent, or both, in the sam familiar with, and accept the communications are sections. | in the part of | a.fr. , | ove-name by the co- es. | | | | | egistered |
| 11. Pursuant Shar office or r agent. I a | Standure, typed or printed name of register | red agent and title if applicable. (NOTE: | Registered A | ove-name by the co- es. | | Luban reinstating) | DATI | E | ORS IN 12 |
| io agentia | Standure, typed or printed name of register | red agent and title if applicable. (NOTE: | Registered A | ove-name by the cores. | | when reinstating) ADDITIONS/CHANGES | DATI | E | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of register OFFICER | red agent and title if applicable. (NOTE: | Registered A 13. 1.1 TITL | ove-name by the coles. | | Luban reinstating) | DATI | E S AND DIRECT | ORS IN 12 |
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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 attenument with an address, with all other like empowered. CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90015 012 ***150.00

941-351-8197