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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:34

DOCUMENT # L39878 (8)

1. Corporation Name
INNOVATIVE CABINETS OF S.W FLORIDA, INC.

Principal Place of Business
% PETE M. BERTOLOTTI
15804 BROTHER COURT S E
FT MYERS FL 33912

Mailing Address
% PETE M. BERTOLOTTI
15804 BROTHER COURT S E
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 2571 KATHERINE STREET
Suite, Apt. #, etc.
22 FT. MYERS
City & State
23 FLORIDA
Zip 24 33901 Country 25 AMERICA

2a. Mailing Address
26 P.O. BOX 2166
Suite, Apt. #, etc.
27 FT. MYERS,
City & State
28 FLORIDA
Zip 29 33902-2166 Country 30 AMERICA

4. FEI Number: 65-0161841 ☐ 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
SHANKIN, DONNA
15804-4 BROTHERS COURT S.E.
FT MYERS FL 33912

10. Name and Address of New Registered Agent
81 Name: DONNA SHANKIN
82 Street Address (P.O. Box Number is Not Acceptable): 2571 KATHERINE STREET
83 FT. MYERS, FLORIDA 33901
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: DONNA SHANKIN 1/11/95
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SHANKIN, DONNA	1.2 NAME	
STREET ADDRESS	15804 BROTHER CT S E	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BERTOLOTTI, WILLIE	2.2 NAME	
STREET ADDRESS	15804 BROTHER CT S E	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	S
STREET ADDRESS		3.3 STREET ADDRESS	PETE M. BERTOLOTTI
CITY-ST-ZIP		3.4 CITY-ST-ZIP	2571 KATHERINE STREET FT. MYERS, FLORIDA 33901
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: DONNA SHANKIN Donna Shankin 1/11/95 813 334-8809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0322563 CP