

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L39878** (8)

1. Corporation Name

**INNOVATIVE CABINETS OF S.W. FLORIDA, INC.**



Principal Place of Business

**2571 KATHERINE STREET  
15804 BROTHER COURT S E  
FORT MYERS FL 33901  
US**

Mailing Address

**P O BOX 2166  
15804 BROTHER COURT S E  
FORT MYERS FL 33902-2166  
US**

3. Date Incorporated or Qualified  
**12/27/1989**

3a. Date of Last Report  
**02/08/1995**

2. Principal Place of Business

2a. Mailing Address

**21 2571 KATHERINE STREET**  
Suite, Apt. #, etc.

**26 P.O. BOX 2166**  
Suite, Apt. #, etc.

**22 FT. MYERS**

**27 FT. MYERS**

City & State

City & State

**23 FLORIDA**

**28 FLORIDA**

Zip Country

Zip Country

**24 33901 25 AMERICA**

**29 33902-2166 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

10. Name and Address of New Registered Agent

**SHANKIN, DONNA  
2571 KATHERINE STREET  
FT. MYERS FL 33901**

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
SHANKIN, DONNA  
15804 BROTHER CT S E  
FT MYERS FL**

TITLE ☐ DELETE

**V  
BERTOLOTTI, WILLIE  
15804 BROTHER CT S E  
FT MYERS FL**

TITLE ☐ DELETE

**S  
BERTOLOTTI, PETE M  
2571 KATHERINE STREET  
FORT MYERS FL**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**2571 KATHERINE STREET  
FT. MYERS, FLORIDA 33901**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**2571 KATHERINE STREET  
FT. MYERS, FLORIDA 33901**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/96**  
Date

**941 334-8809**  
Daytime Phone #

CR2E034 (12/95)