

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

APPROVED
AND
FILED

①

01/01/23

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 AUG 20 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49972

1. Corporation Name
BROWARD KITCHENS, INC.



Principal Place of Business
C/O DAWN M. WAKSMACKI
2077 NORTH POWERLINE ROAD
POMPANO BEACH FL 33069

Mailing Address
C/O DAWN M. WAKSMACKI
2077 NORTH POWERLINE ROAD
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1990

4. FEI Number
59-2995053

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1721 N. Powerline Rd.

26 1721 N. Powerline Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

Zip

Country

Zip

Country

24 33069

25

29 33069

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAKSMACKI, DAWN M.
2077 NORTH POWERLINE ROAD
POMPANO BEACH FL 33069

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1721 N. Powerline Road

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WAKSMACKI, DAWN M.
STREET ADDRESS 2077 N. POWERLINE RD.
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1721 N. Powerline Road
1.4 CITY-ST-ZIP 33069

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 400002974514-4
3.3 STREET ADDRESS -08/31/99-01042-017
3.4 CITY-ST-ZIP ***150.00 ***150.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/99

954 960-0550

XT "O"

CR2E034 (11/98)



BROWARD KITCHENS, INC.

"The Finest Cabinetry For Your Home"

"Since 1980"

August 18, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Reinstatement Division

To Whom it may Concern:

I have enclosed a check payable for the 1999 profit corporation annual report in the amount of \$150.00.

On March 9th, I had a baby and have been away from my business for 4 months. I called on the 16th of August and was told by the representative that answered the phone that the State of Florida does not recognize maternity leave and that business owners can not take a maternity leave.

After being completely offended, I called my State representative and he assured me that the Family Medical leave act is for everyone...including business owners.

Today I was told today to ask for a reason of waiver, which is the purpose of this letter. I believe a baby is as good as reason as any to have had been late with this (among other reports). I don't feel I should have to pay a penalty for having a baby, however, I will await your reply.

Sincerely,

Dawn M. Waks Macki