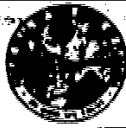


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

AMENDED
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUN 29 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 186336 (7)
1. Corporation Name

INNOVATIVE CABINETRY COMPANY

Principal Place of Business
6590 W. Rogers Circle
Studio #7
Boca Raton, Florida 33487
US

Mailing Address
6590 W. Rogers Circle
Studio #7
Boca Raton, Florida 33487
US

200001527862
-06/30/95--01011--003
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/28/1990
3a. Date of Last Report
08/04/1994
4. FEI Number
65-0216041
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

2. Principal Place of Business
21
22
23
24
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27
28
29
30
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent

Greenberg, Jeffrey L.
5550 Glades Road
Suite 401
Boca Raton, Florida 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	Jourgensen, Ed	1.2 NAME	
STREET ADDRESS	c/o 6590 W. Rogers Circle	1.3 STREET ADDRESS	
CITY - ST - ZIP	Boca Raton, Florida 33487	1.4 CITY - ST - ZIP	
TITLE	D/V/S	2.1 TITLE	☒ Change ☐ Addition
NAME	Greenberg, Jeffrey L.	2.2 NAME	Delete
STREET ADDRESS	5550 Glades Road, Suite 401	2.3 STREET ADDRESS	
CITY - ST - ZIP	Boca Raton, Florida 33431	2.4 CITY - ST - ZIP	
TITLE	D/V/S	3.1 TITLE	☒ Change ☐ Addition
NAME	Kulka, Jack	3.2 NAME	Delete
STREET ADDRESS	c/o 275-A Marcus Boulevard	3.3 STREET ADDRESS	
CITY - ST - ZIP	Hempstead, New York	3.4 CITY - ST - ZIP	
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)(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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/22/95 9880308
407
Date Date Time Phone #