

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M53909  
1. Corporation Name

HARRY'S CUSTOM CABINETS, INC.

6-13-96 6-6800-nc  
(1)



Principal Place of Business  
4869 SW 75TH AVE.  
MIAMI FL 33155

Mailing Address  
4869 SW 75TH AVE.  
MIAMI FL 33155

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified  
06/16/1987  
3a. Date of Last Report  
01/13/1995  
4. FEI Number  
59-2823830  
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. 199.03, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent

REIFENBERG, MICHAEL H  
9030 SW 186TH TERR  
MIAMI FL 33157

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	DELETE
NAME	REIFENBERG, DWIGHT	
STREET ADDRESS	4311 SW 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	DELETE
NAME	REIFENBERG, MICHAEL H.	
STREET ADDRESS	9030 SW 186TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dwight Reifenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96

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CR2E034 (3/96)