

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 27 AM 9:09

mtm
4/29

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000175

CART-IT & CABINETRY OF MISSOURI, LLC
201 EAST MAIN STREET, SUITE 1000
LEXINGTON KY 40507

1a. Principal Place of Business Address

SALES & ADMIN.
546 WEST HIGHWAY 174
REPUBLIC MO 65738

2. Principal Place of Business
546 West Highway 174
Suite, Apt. #, etc.

2a. Mailing Address
546 West Highway 174
Suite, Apt. #, etc.

3. Date Organized or Qualified
04/10/1997

3a. State of Formation
KY

City & State
Republic, MO
Zip
65738
Country
US

City & State
Republic, MO
Zip
65738
Country
US

4. FEI Number
43-1772299

Applied For
 Not Applicable

5. Date of Last Report
MA

6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JOHNSON, CHARLES E JR.	4650 S. ARVILLE, SUITE F	LAS VEGAS NV
MGRM	STODDARD, PAMELA J	546 WEST HIGHWAY 174	REPUBLIC MO

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ DATE: 3/28/98 702-271-0232
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #