

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

**FILED**  
**Mar 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000033799 (6)**

1. Corporation Name  
**BENCHMARK CUSTOM CABINETS, INC.**



Principal Place of Business 1337 N. HIGHLAND AVE. UNIT 7 CLEARWATER FL 34615 US	Mailing Address 1337 N. HIGHLAND AVE. UNIT 7 CLEARWATER FL 34615-3445 US
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3. Date Incorporated or Qualified <b>05/07/1993</b>	3a. Date of Last Report <b>09/03/1996</b>
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2. Principal Place of Business 21 <b>150-13th ST SW</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>150-13th ST SW</b> Suite, Apt. #, etc.
22 City & State <b>LARGO, FL</b>	27 City & State <b>LARGO, FL</b>
23 Zip <b>33770</b>	24 Country <b>US</b>
25	28 Country <b>US</b>

4. FEI Number <b>59-3182075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BERRY, BRIAN K</b> 1337 N. HIGHLAND AVE. UNIT 7 CLEARWATER FL 34615		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>150-13th ST SW</b>		
83	84 City <b>LARGO</b>		
	85 State <b>FL</b>	85 Zip Code <b>33770</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of current registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>BERRY, BRIAN K</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERRY, BRIAN K</b>		1.2 NAME	
STREET ADDRESS <b>1888 BARCELONA DR.</b>		1.3 STREET ADDRESS <b>330 FOUNTAINVIEW CIR</b>	
CITY-ST-ZIP <b>DUNEDIN FL</b>		1.4 CITY-ST-ZIP <b>OLDSMAR, FL 33770</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME <b>GLAZIER, ALLEN</b>		2.2 NAME	
STREET ADDRESS <b>1056 TAMARAC DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLIDAY FL 34690</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address

SIGNATURE:  DATE: **3/16/97** 813-584-4409

CR2E034 (9/96)