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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:51

DOCUMENT # **P93000060141 (7)**

1. Corporate Name
KITCHEN CABINET DEPOT, INC.

Principal Place of Business	Mailing Address
3750 INVESTMENT LN #4 RIVIERA BEACH FL 33404	3750 INVESTMENT LN #4 RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 10/06/1994

2. Principal Place of Business	2a. Mailing Address
21 1008 Raintree Ln	26 1008 Raintree Ln
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Bch Gardens FL	City & State 28 Palm Bch Gardens FL
Zip 24 33410 Country 25 USA	Zip 29 33410 Country 30 USA

4. FEI Number: 65-0429039 ☐ 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

7. Does corporation have liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOULTROP, THOMAS 19384 CARRIBBEAN CT TEQUESTA FL 33469	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 (Typed or printed name of Registered Agent and title if applicable) (New Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TERMOTTO, ANTHONY	12 NAME	
STREET ADDRESS	1060 GULFSTREAM WAY	13 STREET ADDRESS	
CITY ST ZIP	SINGER ISLAND FL 33404	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MOULTRAP, THOMAS	22 NAME	
STREET ADDRESS	19384 CARIBBEAN CT	23 STREET ADDRESS	
CITY ST ZIP	TEQUESTA FL 33469	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	TERMOTTO, AMANDA	32 NAME	
STREET ADDRESS	104 PARADISE VILLA #503	33 STREET ADDRESS	
CITY ST ZIP	N PALM BEACH FL 33408	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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 added on an attachment with an asterisk.

SIGNATURE: ✓ 5/25/95 407-346-6305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0244559 CP