

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000060141 (7)

1. Corporation Name

KITCHEN CABINET DEPOT, INC.



Principal Place of Business

1008 RAIN TREE LANE
PALM BCH GDNS FL 33410
US

Mailing Address

1008 RAIN TREE LANE
PALM BCH GDNS FL 33410
US

2. Principal Place of Business

21 6879 Palm Grove Court

Suite, Apt., etc.

22 (EAST POINTE)

City & State

23 Palm Beach Gardens, FL

Zip

24 33418

Country

25 U.S.A.

2a. Mailing Address

26 6879 Palm Grove Court

Suite, Apt., etc.

27 (EAST POINTE)

City & State

28 Palm Beach Gardens, FL

Zip

29 33418

Country

30 U.S.A.

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

06/02/1995

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

8. This corporation has liability for intangible tax under s. 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 CARIBBEAN CT
TEQUESTA FL 33469~~

81 Name

TERMOTTO, AMANDA

82 Street Address (P.O. Box Number is Not Acceptable)

6879 Palm Grove Court

83

84 City

Palm Beach Gardens FL

85 Zip Code

33418

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 responsibility of, Sections 607.0505, Florida Statutes.

SIGNATURE

Amanda A. Termotto

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P TERMOTTO, ANTHONY

1080 GULFSTREAM WAY

SINGER ISLAND FL 33404

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V ~~MOULTROP, THOMAS~~

19384 CARIBBEAN CT

TEQUESTA FL 33469

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S TERMOTTO, AMANDA

104 PARADISE VILLA #503

N PALM BEACH FL 33408

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE: Amanda A. Termotto AMANDA A. TERMOTTO 4-30-96 407 622-2846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 622-2846

CR2E034 (12/95)