## 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)
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KITCHEN CABINET DEPOT. INC.

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Principal Place of Business Mailing Address			OBIAH DONIO CAMA BORRA ANDA DIOGRAMAN	
1008 RAMTREE LANE PALM BCH GDNS FL 33410 US	1008 RAINTREE LANE PALM BCH GDNS FL 33410 US			
		<ol> <li>Date Incorporated or Qualified 08/23/1993</li> </ol>	3a. Date of Last Report 06/02/1995	
2. Principal Place of Business 21 6879 Pam brow	e Court 26 6879 Pah Grave Court	4. FEI Number 65-0429039	Applied For Not Applies	
Suite, Ant.+W, etc.  22 (EAST POINTE)	Suite, Apl. #, etc 27 (EAST POINTE)	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 Palm Beach lande	ens FL 28 Pum Bach barders, FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33418 25 U.S	210 33418 30 U.S.A.	8. This corporation has liability for in Florida Statutes Yes		
9, Name and Address	of Current Registered Agent	10 Name and Address of New D	agistored Agent	

MOULTROP, THOMAS 19384 CASRIBBEAN CT TEQUESTA PL 33469

٦.	S. A. Inis corporation has liability for intangible tax under s 199.00  Florida Statutes Yes No  10. Name and Address of New Registered Agent	32,
81	Name TERMOTTO, AMANDA	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	WE I I WILL GOVE WITH I	
84	City Palm Beach Laprolens FI 85 Zip Code	

11. Pursuant t or register	o the provisions of Sections 607.0502 and 607.1508, Florida Statutes ed agent, or both, in the State of Florida, Such change was authorized	the above-named o	orporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. I am
familiär wit			board or directors. Thereby accept the appointment as registered agent. I am
SIGNATURE	Hmakon H. Ternotto  Styriature, typod or privided man e of registered agent and tide it amplicate MOI-	Gmandel	a lemoth 4-30-96
12.	OFFICERS AND DIRECTORS	Registered Agent signature :	Dail
TITLE	P	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	TERMOTTO, ANTHONY	1.2 NAME	Change Addition
STREET ADDRESS	1060 GULFSTREAM WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404		
TITLE	DELEJE	1.4 CITY-ST-ZIP 2 1 TITLE	
NAME	MOUL PRAP THOMAS	2 2 NAME	Change Change Addition
STREET ADDRESS	19384 CANBBEAN CT	-	
CITY-ST-ZIP	TEQUESTA FC 33469	2.3 STREET ADDRESS	·
TITLE	\$ \[ \begin{align*} \text{DELETE} \\ \text{DELETE} \end{align*}	24 CITY-ST-ZIP	S Channe C Addition
NAME	TERMOTTO, AMANDA	3.2 NAME	Though the state of the state o
STREET ADDRESS	104 PARADISE VILLA #503		TERMOTTO, AMANDA
CITY-ST-ZIP	N PALM BEACH FL 33408	3.3. STREET ADDRESS	6879 Palm brove Court Palm Beach barders, FI 33418
TITLE	DELETE	3.4 CITY - \$1 - 2IP 4. 1 TITLE	
NAME			Change Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	T DELETE	4 4 C:TY - ST - ZIP	
NAME	בין טבנכונ	5 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5 2 NAME	
1		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	E Deute	5.4 CITY - ST - ZIP	
NAME	DETEIE	6. 1 TITLE	Change Addition
		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		C 4 DITY OF 310	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

CER OR DIRECTOR A. TERMOTTO 4-30-96 407 622-2846 SIGNATURE: \_\_

Applied For Not Applicable