FII F I	NOW: FILING FEE	AFTER MAY 1 IS S	\$225.00		
PR GORPO ANNUAI	OFIT DRATION L REPORT	FEORIDA DEPARTM Sandra B M Secretary o DIVISION OF COF	ENT OF STATE lortham f State		
		0072447 (2)			
DOCUM 1. Corporation No	ENI# P93000	0073447 (3)			
ECLECTION	C CABINTRY, INC.			T LEGISLA DE CARA CANTO CANTO GRANE PRINCE	JANK BANK IBARA IKKI RIBK RIBK IBAK IBA
					<u> </u>
Principal Place of Business Mailing Address					
5723 HIGH FLYER RD S PALM BEACH GARDENS FL 33418 5723 HIGH FLYER RD S PALM BEACH GARDENS FL 33418			33418		
PACE DESCRIP				3. Date Incorporated or Qualified	3a. Date of Last Report 11/09/1995
		2a. Maling Andress		10/22/1993 4. FEI Number	Applied For
2. Principal Place	e of Business	2a. Mailing Acidiress		65-0340387	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certricate of Status Desired	\$8.75 Additional Fee Required
Crty & State		Orly & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _{II} Country		28 Zip Country		8. This corporation has liability for	intangible tax under s. 199.032
Zip 9	25	29	10	Florida Statutes Yes 10. Name and Address of New F	Registered Agent
1	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New (109000
FEYKO, J	IOHN		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)
2891 NW			83		
BOCA RA	ATON FL 33434				85 Zip Gode
			84 City		FL ·
11. Pursuant to or registere familiar with	o the provisions of Sections 607,050 ad agent, or both, in the State of Fio h, and accept the obligations of, Sec	02 and 607.1508, Florida Statutes, rida. Such change was authorized otion 607.0505, Florida Statutes.	the above named corpo by the corporation's boa	ration submits this statement for the purify of directors. Thereby accept the app	rpose of changing its registered office pointment as registered agent. I am
SIGNATURE _	Signature typed or printed rapid of expedens begin	garatro taggi atro Public	Balgisterica Agent Signature rest as	ः स्टब्स्ट क्राव्हेर्यन्तु	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
TITLE	P CHICAN I	DETELE	1 2 NAME		
NAME STREET ADDRESS	UNTRACHT, SUSAN J. 2891 NW 34 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	F 05 6 16	1 4 CHY-ST-ZIP 2 TIFLE		Change Addition
TOTLE		☐ DELETE	2 1 MEE		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS CITY - S1 - ZIP			2.4.0(1Y-S1-ZIF		Change Addition
TITLE		[] DELEIF	3 1 TITLE .		C outside C
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS 3.4 CITY S3-ZIP		
CITY-ST-ZIP		☐ DELETE	4 1 TITLE		Change Addition
TITLE NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		— — — — — — — — — — — — — — — — — — —	4.4 CIFY - ST - ZIF 5.1 TITLE		Change Addition
TITLE		☐ DELETE	5.2 NAME		
NAME COURT ADDRESS			5 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 THILE	0000015)とて880" " " " " " " " " " " " " " " " " " "
NAME			6.2 NAME 6.3 STREET ADDRESS	000019 -08/21/960 ***225.00	1010 000
1 **************	1		O d a truck i Month and	Account the first of the contract of the contr	

SIGNATURE: ___

SIGNATURE AND TYPE OF PONTED NAME OF STENING OFFICER OR DIRECTOR

64 CITY-ST-ZIP

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)fk). Florida Statues 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 by increase entry 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 Statues, and yet meaning appears in Block 12 or Block 13 if changed, or on an attachment with an address 501-625-4572 Dayline Prime 1

CR2E034 (12/95)