SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PR**O**FIT CORPO**R**ATION ANNUAL **R**EPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079137 (4) AAA THE CABINET WAREHOUSE, INC.

Principal Place of Business

Mailing Address

1035 LANCASTER RD ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1035 LANCASTER RD ORLANDO FL 32809

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Oct 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

11/17/1993

59-3208715

4. FEI Number

- 1	· · · · · · · · · · · · · · · · · · ·				Treat rend Contribution Added to F	. 003
Zip 4	Country	Zip	Country		8. This corporation owes or has paid the current year Intang	-
<u> </u>	25	<u> </u>	30		Personal Property Tax due June 30. Yes N	10
	9, Name and Address of Cu	rent Registered Agent		T N	10. Name and Address of New Registered Agent	
Karas, Paul 1035 lancaster RD Orlando Fl 32809			*1	81 Name		
			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
			83			
			6.3	1		
			84	City	FL 85 Zip Cod	de
Office of i	to the provisions of sections 607.0 registered agent, or both, in the Sam familiar with, and accept the older.	tate of Florida. Such change v	was authorized by	v the corporati	ration submits this statement for the purpose of changing its regist on's board of directors. I hereby accept the appointment as regist	tered tered
GNATURE .	Signature, typed or printed name of registered	Brent and title if applicable	/NOTE: Penintered	Agont slangture rea	ulred when reinstating) DATE	
		AND DIRECTORS	13.	-gent signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	E IN 12
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-ST-ZIP	ORLANDO FL 32809		1.4 CITY-S			
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ST-ZIP	ORLANDO FL 32809		2.4 CITY-S			
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indicated o	n tols sonoual fenoπ of supplemen	18i annual renort is true and a	accurate and that	my signature	ion 119.07(3)(i), Florida Statutes. I further certify t ha t the informati shall have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name appea	^

HI CAINI KARAC