## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011391 (7)

FILED
Jan 23 1998 8:00am
Secretary of State

BOOKE	ER CABINET SALES, INC.	. ,			
Principal Plac	e of Business	Mailing Address		1 10911091 118 18111 81011 88111 88111 88111 88111	DI SIDAN IIDAA SIISA TAIKI DIKE IARI
P.O. BOX 3319 SARASOTA FL 34230 P.O. BOX 3319 SARASOTA FL 34230				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				02/10/1994	
2. Principal Place of Bysiness 2a. Mailing Address				4. FEI Number	Applied For
21 6404	4444 Ave West	26		65-0492858	Not Applicable
Suite, Apt.	#55	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  City & State  City & State  23 DEADER TO N FL  28				6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
24 34Ze)	9 Country USA	Zip	Country	8. This corporation owes or has paid the	
24 3420	9, Name and Address of Current		90	Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes No
		Hogistorou Agolit	81 Name	IV. Hame and Address of New Registe	red Agent
	MIGLIO, GEORGE V JR.				
1634 MAIN ST. Sarasota Fl 34236			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		<b>85</b> 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 above the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with above the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with above the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with above the corporation of the purpose of changing its registered of the purpose of changing its registered agent. I am familiar with above the corporation of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a pu					
	agentic for printed partie of egistered agen		Registered Agent signature requir		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	BOOKER, HENRY C.		1.2 NAME		
STREET ADDRESS	6904 44TH AVE W #55		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	DELETE	1.4 CITY-ST-ZIP		Obour Daysis
TITLE	ADDREVINE THE	רו הברבוב	2.1 TITLE		Change Addition
NAME .	BOOKER, ARDIENNE ANN 6904 44TH AVE W #55		2.2 NAME	•	
STREET ADDRESS	BRADENTON FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PRODEITION PL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C Change C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 I hazabu a	artifuthat the information our plied with	and the fitting of the second and the fitting	dia a series de la companya de la co	O # 440.03(0)(1) Ft 11 Oct 1 1 1/ 11	

4. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

CIONATURE.

Dhand Broker

PRES.

Nicha

(All)MAN DIES