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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000058522 (1)

CRAFT LINE UTILITY CABINETS, INC.

Principal Place of Business

Mailing Address

E4 OC OBN OTBEET

751 SE 300 STREET

FILED Sep 15 1997 8:00am Secretary of State



DEERFIELD BE	ACH FL 33441		DEERFIELD BEACH FL 33441-4013					
					3. Date Incorporated or Qualified 08/08/1994	3a. Date of 1		
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 125 SE 380 ST 28 1450 NE 474			^{t}Gr		65-0514831		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		.75 Additional ee Required	
23 Deerheld Beach 28 Book RADA				۲.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 334	Country 25 B Marsol	- 2 12 1	Count	гу	8. This corporation has liability for in Florida Statutes	ntangible tax ur Yes \[\] No	nder s. 199.032,	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Rec	Istered Agent		
MOHLER, JILL 1450 NE 4TH COURT BOCA RATON FL 33432				1 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
								83
				ı			8	4 City
office or re	egistered agent, or both, in the State o	f Florida Such change was a	uthorized l	by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of chang t the appointme	ging its registered ant as registered	
agent. I a	m lamiliar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statut	es.			,,,,, e.e., e.g.,,,,,,,	
SIGNATURE								
12,	Signature, typed or printed name of registered agent OFFICERS AND		13.	goni signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	CTOPS IN 19	
TITLE	P	DELETE	1.1 [1] [.6		ADDITIONS/CHANGES TO OFFICE			
NAME	MOHLER, JILL N	<u></u>	1.2 NAM					
STREET ADDRESS	1450 NE 4TH COURT		•	ET ADDRESS				
CITY-ST-ZIP	BOCA RATON F		1.4 CITY					
TITLE	VS	DELETE	2.1 TITLE		······································	☐ Ch	ange Addition	
NAME	MOHLER, KENNETH		2.2 NAME					
STREET ADDRESS	1450 NE 4TH COURT			ET ADDRESS		•		
CITY-ST-ZIP	BOCA RATON FL		2.4 GITY					
TITLE		DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME			3.2 NAMI	:				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Ch	ange Addition	
NAME [4 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Ch	ange Addition	
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	·ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange	
NAME			6.2 NAMI					
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CHY	ST-ZIP			·	
information I am an of	n indicated on this annual report or sup	oplemental annual report is tru le receiver or trustee empowe	ue and acc ered to exe	curate and the	id in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if mad atutes; and that	de under oath; that t my name	