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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079500

1. Corporation Name

DENNIS CUSTOM CARINETS CORP

DENNIS	COSTOM CABINETS COM	r.					
Principal Place of Business Mailing Address							P\$() (40)
1768 NW 38TH AVE C/O MAS 210 UNIVERSITY			DR				
LAUDERHILL FL 33311 #502						DO NOT WORTE IN THE COACE	
US CORAL SPRINGS FL 33071						DO NOT WRITE IN THIS SPACE	
		US				3. Date Incorporated or Qualifed	ł
						10/28/1994	d For
Principal Place of Business 2a. Mailing Address						4. FEI Number Applie	plicable
26						65-0533928 Not Apr	•
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Requir	
22 27 City & State City & State							
						6. Election Campaign Financing S5.00 Mar Trust Fund Contribution Added to Fo	
23 28 Zip Country Zip			Country			This corporation owes the current year Intangible	/
				,	ļ	Personal Property Tax.	Vo.
24	24 25 29 30 30 30 30 30 30 30 30 30 30 30 30 30					10. Name and Address of New Registered Agent	
5. Name and Address of Culteric Registered Agent				1	Name		
MILLER, JOSEPH E				\perp	Ot 1 5 11	(D.O. Day Nurshay is Not Assemtable)	
210 UNIVERSITY DR			82	4	Street Addres	ss (P.O. Box Number is Not Acceptable)	
SUITE 502			83	3			
CORAL SPRINGS FL 33071			<u> </u>	\perp	 _	[o-1 70-0-4	
			84	4	City	FL 85 Zip Cod	e .
44. Developed the provision of Sections 607 0502 and 607 4509. Elegida Statutes the above pamed congration submits this statement for the purpose of C							istered
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, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: Re	gistered Age	ent si	signature required w		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change 〔	Addition]
NAME			1.2 NAME				
STREET ADDRESS	200 1112 1111 2211 1112		1.3 STREET ADDRESS		DDRESS		ļ
C/TY-ST-ZIP			1.4 CITY-ST-ZIP		ZIP		
TITLE	PD DELETE 2.11		2.1 TITLE			Change [Addition
NAME	BUCHANAN, DENNIS C		2.2 NAME				
STREET ADDRESS	1768 NW 38TH AVE 23		2.3 STREET ADDRESS		DDRESS		Ì
CITY-ST-ZIP	LAUDERHILL FL 2.4		2. 4 CITY-	ST-	ZIP _		
TITLE	S □ DELETE 3.17		3.1 TITLE			☐ Change {	Addition
NAME	BUCHANAN, RENEE A 32N		3.2 NAME				Ì
STREET ADDRESS	1768 NW 38TH AVE 3.33		3.3 STREE	ET AI	DDRESS		
CITY-ST-ZIP	LAUDERHILL FL 34		3.4, CITY-ST-ZIP		.ZIP		
TITLE	☐ DELETE 4.11		4.1 TITLE			Change (Addition
NAME			4, 2 NAME	E			
STREET ADDRESS		ĺ	4.3 STRE	ETA	ODRESS		
CITY-ST-ZIP			4.4 CITY-	ST-Z	ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		l		i
STREET ADDRESS			5.3 STRE	ET AI	.DDRESS		ļ
City-St-ZIP	-ZIP 5.			5.4 CITY-ST-ZIP			
TITLE	<u> </u>		6.1 TITLE			Change [Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREI	ET AI	JODRESS J		

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-735-8207