

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

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State

994 0080 80078 (2)

DOCUMENT # **MAJESTIC CABINETS INC**

1. Corporate Name
4189 B JAMES ST
PORT CHARLOTTE FL 33983

Principal Place of Business Mailing Address

4189 B JAMES ST
PORT CHARLOTTE FL 33983

2. Principal Place of Business 2a. Mailing Address

21 **4189 B JAMES ST** 26

22 Suite, Apt. #, etc. 27

23 **PORT CHARLOTTE FL** 28 City & State

24 **33983** 25 **CHARLOTTE** 29 Zip Country 30

3. Date Incorporated or Qualified **11/1/95** 3a. Date of Last Report **5/1/96**

4. FEI Number **65-0550796** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

L MICHAEL NORRIS
4189 B JAMES ST
PORT CHARLOTTE FL 33983

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP

L MICHAEL NORRIS DELETE **President**
182 ALLWORTHY ST
PORT CHARLOTTE FL 33952

JEFFERY D SCHULTZ DELETE **Vice President**
33746 CONMORE ST
PORT CHARLOTTE FL 33948

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS **900002106529**

5.4 CITY - ST - ZIP **-03/06/97--01099--032**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS *****165.00**

6.4 CITY - ST - ZIP

14. I do 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **L Michael Norris** **3/6/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **L Michael Norris** **Officer** Date **9/4/97** Daytime Phone # **764 1615**

CR2E034 (9/96)