

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90128 011 ***158.75

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DOCUMENT # P94000080956

1. Corporation Name
PALEN CABINETS, INC.

Principal Place of Business
87805 OVERSEAS HWY
ISLAMORADA FL 33036

Mailing Address
P.O. BOX 162
KEY LARGO FL 33037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PALEN CABINETS, INC.
P. O. BOX 897, TAVERNIER, FL 33070
PH: 305-852-8577, FAX: 305-852-4390
SHOW ROOM: MM 87 1/2 PLANTATION KEY

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

3. Date Incorporated or Qualified
11/01/1994
4. FEI Number
65-0531548
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 owes the current year Intangible
Personal Property Tax.

9. Name and Address of Current Registered Agent
BAILEY, PAUL W
87805 OVERSEAS HWY
ISLAMORADA FL 33036

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PVST
NAME BAILEY, PAUL W
STREET ADDRESS 87805 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA FL 33036
TITLE D
NAME BAILEY, PAUL W
STREET ADDRESS 87805 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA FL 33036
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE PALEN CABINETS, INC.
NAME P. O. BOX 897, TAVERNIER, FL 33070
STREET ADDRESS PH: 305-852-8577, FAX: 305-852-4390
CITY-ST-ZIP SHOW ROOM: MM 87 1/2 PLANTATION KEY
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: Paul W. Bailey 2/20/99 852-8577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)