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

DOCUMENT # P94000082712

. Corporation Name

BAY E

BOCA RATON FL 33431

COBRA CABINETS, INC.

Principal Place of Business Mailing Address			1		
			T SOURCE LIST COLOR DUCK DOLL BOTH BOTH BOTH COLOR CITY NOT THE STATE OF THE STATE		
2622 NW 2ND AVE 2622 NW 2ND AVE BAY E BOCA RATON FL 33431 BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE			
			Date Incorporated or Qualifed 11/10/1994	the section	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0550474	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Co 24 25	zuntry Zip 3	Country 0	This corporation owes the current year I Personal Property Tax.	ntangible X Yes □No	
9. Name and A	ddress of Current Registered Agent		10. Name and Address of New Registere	d Agent	
MCCORMICK, MICHA	TO SET ALIGNADADE DE LA COMPANIONE DE LA C EL COMPANIONE DE LA COMPA	81 Name 82 Street	Address (P.O. Box Number is Not Acceptable)		

31. 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.

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SIGNATURE				<u> </u>
			equired when reinstating) L_{\perp}^{z} DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	15. 建聚成结合	☐ Change ☐ Addition
NAME	MCCORMICK, MICHAEL C	1.2 NAME		•
STREET ADDRESS	2622 NW 2ND AVE BAY E	1.3 STREET ADDRESS		,
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	\vec{f}	2.2 NAME	•	•
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	the second of th	2. 4 CITY-ST-ZIP		<u> </u>
TITLE ASSIS	DELÉTE DELÉTE	3.1 TITLE	·	☐ Change ☐ Addition
NAME: 13 Octoor	gazhaj gaga (b. 1901). Baeka Garlet (b. 1901).	3.2 NAME	•	
STREET ADDRESS	The state of the s	3.3 STREET ADDRESS	Disable temperature	Berthamer Bur televanikel
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NAME	gen en e	4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	•	
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TITLE	☐ DELETE	5.1 TITLE		. Change .: Addition
NAME		5.2 NAME	4. 1. 1.	
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TITLE - S	TRUMP OF THE PROPERTY OF THE P	6.1 TITLE	***	☐ Change ☐ Addition
NAME	CONTRACTOR	6.2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	AND FOREIT LEFT	6.3 STREET ADDRESS		
		■ · · · · · · · · · · · · · ·	·	

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 13 if changed, or on an attachment with an address, with all plant like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 561

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90048 017 ***150.00

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Zip Code