SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000093032 (8) BAKERBUILT CUSTOM CABINETS, INC. Mailing Address Principal Place of Business 3020 S.W. 14TH PLACE. #3 BOYNTON BEACH FL 33426 3020 S.W. 14TH PLACE, #3 **BOYNTON BEACH FL 33426** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/27/1995 12/22/1994 Applied For 4. FEI Number 2a. Maring Address 2. Principal Place of Business Not Applican e 65-0543136 26 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032 Country Zip Country Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAKER, MARK Street Address (PO, Box Number is Not Acceptable) 82 3020 S.W. 14TH PLACE, #3 **BOYNTON BEACH FL 33426** Zip Code 85 84 City 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, and accept the obligations of Section 607,0505. Florida Statutes. CoAle SIGNATURE Signation, type the protest name of registers diagent and title happinates ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Add-tron DELETE 1111118 TITLE 1.2 NAME BAKER, MARK NAME 3020 S.W. 14TH PLACE, #3 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP Change Addition DELETE 2.1 TiTLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TYTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP ____ Change ____ Addition DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DITY-ST-ZIP Change Addition DELETE 5 1 Till E TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 LTLE THTLE 6.2 NAME NAME. 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if planged, or in an attachment with an address Baker 8/5/16