

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.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000053898 (9)
 1. Corporation Name

IMPERIAL CABINETS & MILLWORK, INC.



Principal Place of Business Mailing Address
640 WEST VALENCIA STREET LAKELAND FL 33805
POST OFFICE BOX 92105 LAKELAND FL 33804

3. Date Incorporated or Qualified **07/10/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 **1137 Bartow Hwy.** 26 **P.O. Box 92105**
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 **Suite 207** 27
 City & State City & State
 23 **Lakeland, Florida** 28 **Lakeland, Florida**
 Zip Country Zip Country
 24 **33801** 25 **USA** 29 **33804** 30 **USA**

4. FEI Number **65-0673346** 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
WELCH, JAMES S
4404 SO. FLORIDA AVENUE
LAKELAND FL 33813

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, LEROY JR.	
STREET ADDRESS	640 W. VALENCIA STREET	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWICK, SYLVIA	
STREET ADDRESS	640 W. VALENCIA STREET	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAIDER, WALTER K JR.	
STREET ADDRESS	7511 HAVENWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULSE, BERNARD	
STREET ADDRESS	WATERWOOD PATH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEROY GOODMAN, JR.	
1.3 STREET ADDRESS	640 W. Valencia Street	
1.4 CITY-ST-ZIP	Lakeland, Florida 33805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SYLVIA BOWICK	
2.3 STREET ADDRESS	640 W. Valencia Street	
2.4 CITY-ST-ZIP	Lakeland, Florida 33805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WALTER K. LAIDER, JR.	
3.3 STREET ADDRESS	7511 Havenwood Drive	
3.4 CITY-ST-ZIP	Lakeland, Florida 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEROY GOODMAN, JR.	
4.3 STREET ADDRESS	640 W. Valencia Street	
4.4 CITY-ST-ZIP	lakeland, Florida 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leroy Goodman Jr.* **6-20-96 (94) 682-8146**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)