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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058109 (6)

ANGELO TUMMINARO CABINET AND MILLWORK, INC.

FILED Feb 06 1997 8:00am Secretary of State



	e of Business				dress				1 INDICIAL IIN COLOT BICK COLOT BRICE BRICE					
2301 INDUSTRIAL BLVD SARASOTA FL 34234				2301 INDUSTRIAL BLVD SARASOTA FL 34234-3121										
									3. Date Incorporated or Qualified 07/25/1995	3a. Da	te of La 23/199		port	
2. Principal Pl	ace of Busin	258	20.	. Mailing	Address				4. FEI Number		Ĺ	Apr	olied For	
21			26						65-0034255			Not	Applicable	
Suite, Apt. #, etc			27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	9			City & S	tate				6. Election Campaign Financing		\$5.	.00	May Be	
23			28						Trust Fund Contribution				Fées	
Zip 24		Country 25	29	Zip		30	entry		8. This corporation has liability for Florida Statutes		tax und No	der s.	199,032,	
	9. Name	and Address of C	urrent Regis	stered Ag	ent				10. Name and Address of New R	gistered .	Agent			
TUM	VINARO, AI	NGELO					81	Name						
	KILPATRIC						82	Street Add	ress (P.O. Box Number is Not Accepta	ble)				
	OMIS FL 34													
							83							
							84	City		FL	85	Zip C	ode	
11. Pursuant t office or ri	to the provision	ons of Sections 60 ont, or both, in the	17.0502 and 6 State of Flori	507,1508, ida, Such	change was	utes, the a	bove- d by t	named cor the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose or pt the app	chang ointmer	ing its nt as r	egistered egistered	
· ·	m famil-ar wit	п, али ассері іле	obligations c	of, Section	607.0505, F	-lorida Sta	iules.							
SIGNATURE		r printed name of regiss	-						irad when reinstating)	DATE				
SIGNATURE	Signature, typed o	or printed name of registe	-	e il applicable CTORS	: (NC					DATE	DIREC	TORS		
SIGNATURE	Signature, typed o	or printed name of registe OF FICEF	red agent and till	e il applicable CTORS		OTE: Registere	d Ageni		ired when reinstaling)	DATE		TORS		
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6. For nereby certify that the information supplied with the managed several properties and that my signature shall have the same legal effect as if made under oath; that is an officer or director of the corporation or the receiver of trotate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on application of with an address.

SIGNATURE:

ORE AND DIFFE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR