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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000071287 (3)

1. Corporation Name
KITZMILLER CABINETS INC.



Principal Place of Business
1630 NE 12TH TERRACE
FORT LAUDERDALE FL 33305

Mailing Address
1630 NE 12TH TERRACE
FORT LAUDERDALE FL 33305-3131

3. Date Incorporated or Qualified
09/12/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 1630 NE 12th Tera
Suite, Apt. #, etc.

2a. Mailing Address
26 1630 NE 12th Tera
Suite, Apt. #, etc.

4. FEI Number
65-0606679

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Ft. Lauderdale FL

28 City & State
Ft. Lauderdale FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33305

29 Zip
33305

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KITZMILLER, CRAIG
2414 NE 25TH PLACE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name
Craig Kitzmiller

82 Street Address (P.O. Box Number is Not Acceptable)
2414 NE 25th Place

83

84 City
Ft. Lauderdale

85 Zip Code
33305

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
KITZMILLER, CRAIG
STREET ADDRESS
2414 NE 25TH PLACE
CITY - ST - ZIP
FORT LAUDERDALE FL 33305

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
KELLY, JOSEPH E
STREET ADDRESS
1700 NE 17TH TERRACE
CITY - ST - ZIP
FT. LAUDERDALE FL 33305

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Joseph E Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 954-525-6880
Date Daytime Phone #

CR2E034 (9/96)