

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073225 (1)

1. Corporation Name

MASTER'S KITCHEN GALLERY OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

2636 OLD OKEECHOBEE ROAD
W. PALM BEACH FL 33409

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W. PALM BEACH FL 33409

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 P.O. Drawer 23550

22 City & State

27 Suite, Apt. #, etc.
28 Ft. Lauderdale, FL

23 Zip Country

29 33307 30 Country

3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

0

4. FEI Number

65-0609973

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name CRIMMINS, Michael T.
82 Street Address (P.O. Box Number is Not Acceptable)
2636 Old Okeechobee Rd.
83
84 City W. Palm Beach FL 85 Zip Code 33409

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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
PD	CRIMMINS, MICHAEL	2636 OLD OKEECHOBEE ROAD	W. PALM BEACH FL 33409	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 DATE

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 supplement to 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 or Block 14 or on a statement with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 (954) 771-1325

Date

Date (if Printed)

CR2E034 (12/95)