FILED Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90043 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075695

1. Corporation Name

NEW RIVER CABINET & FIXTURE, INC.

					•				110 6 (0 0) 0 100: 0 0	(8:4)
Principal Place of Business Mailing Address						-	O IQIQI QIZII QQIIA B		TODI SIIIO DIIIE	
750 NW 57 COURT 750 NW 57 COURT										
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 333 US US			3309				DO NOT WID	TO IN THIS	SDACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						10/02/1995				
2 Principal B	Place of Business	2a. Mailing Address	_			4. FEI Number			Api	plied For
─ , `	lace of Business	26				65-0616383	₹ .			t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	_			1			\$8.75 A	dditional
22		27				5. Certifcate of St	atus Desired		Fee Red	
City & State		City & State				6. Election Camp	aign Financing		\$5.00	May Be
23		28				Trust Fund Cor	ntribution		Added to	o Fees
Zip Country		Zip Country			8. This corporation	n owes the cur	rent year Int			
24	25	29 30			Personal Prope				□No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Ad	dress of New	Registered	Agent	_
		N OVOTELL INO	8	I1 Na	me					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			8	2 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET				_						
	TE 105		8	33						
IALI	LAHASSEE FL 32301		8	4 Cit	<u> </u>				85 Zip C	ode '
					_	· · · · · · · · · · · · · · · · · · ·		FL		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida State of Florida, Such change was	utes, the abo	ove-nar	ned corpoi	ration submits this st	atement for the	purpose of pt the appoi	changing its ntment as rec	registerea gistered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, F	lorida Statut	es.			,		_	-
SIGNATURE										
	Signature, typed or printed name of registered agr			gent signa	ature required t	when reinstating) ADDITIONS/CH	ANGER TO OF	DATE	ID DIRECTO	PS IN 12
12.		ND DIRECTORS	13.	=		ADDITIONS/CIT	ANGES TO OF	110ERO AII	☐ Change	Addition
TITLE	P		1.2 NAM						_ •	_
NAME	BRADHAM, CHARLES MARK 750 NW 57TH CT			EET ADDR	eec .					
STREET ADDRESS	1 "				(233)					
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY 2.1 TITLE		_				☐ Change	Addition
TITLE	PLUMLEY, RICHARD		2.2 NAM							
NAME	AND C CAY CIDELY			EET ADDF	ece .					
STREET ADDRESS	KNOXVILLE TN		2.4 CITY		C.SS					
CITY-ST-ZIP TITLE	T NAOVAILLE III	☐ DELETE	3.1 TITLE		_				· 🙀 Change	Addition
	PLUMLEY, WILLIAM	_	3.2 NAM						Λ	
NAME STREET ADDRESS	4560 NW 90 AVENUE		1	- Eet adde	ess 2	85 SW 60 Av	enue			
	OCALA FL		3.4. CITY			cala, Flori	da 3447	78		
CITY-ST-ZIP TITLE	CONDITE	☐ DELETE	4.1 TITLE						☐ Change	Addition
NAME			4. 2 NAM	1E						
STREET ADDRESS			4.3 STREET ADDRESS		RESS			•		
CITY-ST-ZIP			4.4 CITY					_		
TITLE		☐ DELETE	5.1 TITLI						☐ Change	Addition
NAME			5.2 NAM	E						
STREET ADDRESS			5.3 STRE	EET ADDR	RESS					
CITY-ST-ZIP			5.4 CITY		1					
TITLE			****	-ST-ZIP						
		☐ DELETE	6.1 TITLE						☐ Change	Addition
NAME		☐ DELETE		Ē					☐ Change	Addition
NAME STREET ADDRESS		☐ DELETE	6.1 T/TLE	Ē	RESS				☐ Change	Addition

CITY-ST-ZIP 14. I 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 chapted, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Charles M. Bradham President 1/27/99