

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085012 (9)

1. Corporation Name

A-BEST KITCHENS, BATH & BEYOND, INC.



Principal Place of Business

170 SW 9TH AVE
HOMESTEAD FL 33030

Mailing Address

170 SW 9TH AVE
HOMESTEAD FL 33030

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 # 7 Lucy St.
Suite, Apt. #, etc.

22 FLA. City Pl.
City & State

23 Zip 33034 Country

24 33034 25

2a. Mailing Address

26 # 7 Lucy St.
Suite, Apt. #, etc.

27 FLA. City Pl.
City & State

28 Zip 33034 Country

29 33034 30

4. FEI Number

65-0623798

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

GILMOUR, TERRY
170 SW 9TH AVE
HOMESTEAD FL 33030

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	GILMOUR, TERRY	
STREET ADDRESS	170 SW 9TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILMOUR, TERRY	
1.3 STREET ADDRESS	# 7 EAST, LUCY ST. FL. CITY FL.	
1.4 CITY-ST-ZIP	33034	
2.1 TITLE	SECRETARY & TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	H. LEE ROGERS	
2.3 STREET ADDRESS	# 7 EAST LUCY ST. FL. CITY FL.	
2.4 CITY-ST-ZIP	33034	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JESSES-CRAFT	
3.3 STREET ADDRESS	# 7 E. LUCY ST. FLA. CITY FL.	
3.4 CITY-ST-ZIP	33034	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	500001833935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/22/96--01020--090	
5.3 STREET ADDRESS	***225.00	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H. Lee Rogers Secretary

5-6-96 1-305-245-2451

Date

Daytime Phone #

CR2E034 (12/95)