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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90003 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000000042

1. Corporation Name  
CABINART, INC.

Principal Place of Business

1880 SW 2ND ST. BAY 18  
DELRAY BEACH FL 33445

Mailing Address

1880 SW 2ND ST. BAY 18  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

65-0636035

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1855 S.W. 2ND ST

Suite, Apt. #, etc.

BAY 7

City & State

DELRAY BEACH

Zip

33445

Country

U.S.A.

2a. Mailing Address

26 1855 S.W. 2ND ST

Suite, Apt. #, etc.

BAY 7

City & State

DELRAY BEACH

Zip

33445

Country

U.S.A.

9. Name and Address of Current Registered Agent

RIDGWAY, NICHOLAS H  
1880 SW 2ND ST, BAY 18  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

RIDGWAY NICHOLAS H.

82 Street Address (P.O. Box Number is Not Acceptable)

1855 S.W. 2ND ST.

83

BAY 7

84

City

DELRAY BEACH

FL

85

Zip Code

33445

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 P  
NAME RIDGWAY, NICHOLAS H  
STREET ADDRESS 1880 SW 2ND ST. NO. 18  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME RIDGWAY NICHOLAS H  
1.3 STREET ADDRESS 1855 S.W. 2ND ST N. 7  
1.4 CITY-ST-ZIP DELRAY BEACH FL 33445

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

561-279-9971

Date

Daytime Phone #

CR2E034 (11/98)