10fZ

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024874 (5)

SURE CABINETS & CUSTOM FURNITURE, INC.

FILED

97 AUG 19 AH10: 48

SECREDARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address			4 LODIYADI KED IDEYA DIKIN BRIYI OBINE BRIYI OBINE BINDI HIDIK BINDI HIDIK OLDI OLDI				
221 OLD DIXIE HIGHWAY 221 OLD DIXIE HIGHWAY									
BAY 9		BAY 9		DO NOT WOLF	TI !!O G	DAOE			
JUPITER FL 33469		JUPITER FL 33469		DO NOT WRITE 3. Date Incorporated or Qualified		te of Last R	onort 1		
					The state of the s	Se. Da	to UI Last N	epoit	
9 Dringing D	ace of Business	2a. Mailing Address			03/20/1996 4. FEI Number		TAE	plied For	
2. Principal Fi	IdpixIC Itug KAY 9EIL	A 11 A 4 A A A A A		1 Pille	65-0666	249	├	of Applicable	
21 XZ 0	Helo	Suite Ant # etc	PIN	C Com			\$8.75		
22 TC Q	uesTA F/	326 4835 5A016 Suite, Apt. #, etc. 27 6 6 9 9 3 8	A2		5. Certificate of Status Desired		Fee Re		
City & State		City & Gtates	///	,	6. Election Campaign Financing		\$5,00	May Be	
23		28 11 18	- 1	/	Trust Fund Contribution		Added (
Zip 22 (/	Country	7132117	Country		8. This corporation owes or has pa	id the curr	ent year Int	angible	
24 5776	25 13/4	29 22 7/ / 30	US	<i>[</i> 7	Personal Property Tax due June			No	
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Re	gistered A	Agent		
PICCULO, DAVID M					81 Name				
, 900 E, INDIANTOWN RD. 82					Street Address (P.O. Box Number is Not Acceptable)				
SUTIE 316					·····				
JUPITER FL 33477								i	
`-			84	City			85 Zip	Code	
						<u>FL</u>			
office or re	egie ter ed agent or both in the State o	f Florida. Such chango was auti	horized b	z the corporati	poration submits this statement for the prior is board of directors. I hereby acception	urpose of of the app	changing it <u>pintment as</u>	s registered egistered	
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statute	S.	,	5			
SIGNATURE						7		3	
	Signature, typed or printed name of registered agent OFFICERS AND		ngislered Ag	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND	DIRECTOR	S IN 12	
12.	PVST	DELETE	1.1 TITLE		Appriliation of the	21107440	Change	Addition	
NAME	HAIGH, WILLIAM J		1.2 NAME	}			_ •	_	
STREET ADDRESS	221 OLD DIXIE HIGHWAY		1.3 STREE	ADDRESS	2000022	272	873	4	
CITY-ST-ZIP	JUPITER FL 33469		14 CITY-ST-ZIP		300 <u>0</u> 022	970	1108	012	
TITLE	D DELETE		2 1 1ITLE		****16	5 .0 0		55-00 tion	
NAME	HAIGH, WILLIAM J	1	22 NAME	\					
STREET ADDRESS	221 OLD DIXIE HIGHWAY		2.3 STREE	ADDRESS					
CITY-ST-ZIP	JUPITER FL 33469		2.4 CITY -	ST-ZIP					
TITLE		DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME					ļ	
STREET ADDRESS			3.3 STREE	ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				<u></u>	
TITLE		DLLETE	4.1 TITLE				☐ Change	Addition	
NAM [®]			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS					
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	·····	A			
TITLE		☐ DELETE	5.1 TITLE		5L 7	ر اور	Change	☐ Addition	
NAME			5.2 NAME	1	JL 1	D'			
STREET ADORESS	•		5.3 STREE	i	4.	,		}	
CITY-ST-ZIP		Floriers	5.4 CITY	ST-ZIP	<u> </u>		Chance	Addito-	
TITLE		☐ DELETE	6.1 TITLE	ľ			☐ Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS	ž.			I ADDRESS					
CITY-ST-ZIP	. 6.		6.4 City-	ST-ZIP					

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.

1 Holling Total Howales in

7-22-02

F11- 17- 2/11

July 24, 1997

Florida Dept of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam:

I received a second notice from you saying that I owe \$550.00 for my corporation fee.

I spoke to a woman from your office on the phone on Friday and she said that I was sent a first notice in January of 1997. <u>I did not receive this</u>. I have enclosed \$165.00. I am sorry for any inconvenience that this has caused you. I do not feel that I should be penalized.

In the future, please send all my mail to my home address which is:

William J. Haigh, 4835 Sable Pine CR #938A2, W Palm Beach, FL 33417

Thank you for your cooperation.

Yours truly,

WILLIAM J. HAIGH
Sure Cabinets and Custom Furniture