

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90169 018 ***150.00

DOCUMENT # P96000025396

1. Corporation Name

WASAGA CABINTRY & REMODELING, INC.

Principal Place of Business

210-3 SPARROW DRIVE
ROYAL PALM BEACH FL 33411

Mailing Address

210-3 SPARROW DRIVE
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

21 17367 41st ROAD NORTH

Suite, Apt. #, etc.

22

City & State

23 LOXAHATCHEE, FL

Zip Country

24 33470

25 USA

2a. Mailing Address

26 17367 41st ROAD NORTH

Suite, Apt. #, etc.

27

City & State

28 LOXAHATCHEE, FL

Zip Country

29 33470

30 USA

9. Name and Address of Current Registered Agent

KORI, REIN U
210-3 SPARROW DRIVE
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0674506

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

10. Name and Address of New Registered Agent

81 Name REIN U KORI

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

17367 41st ROAD NORTH

83

84 City LOXAHATCHEE

FL

85 Zip Code 33470

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 D ☐ DELETE
NAME KORI, REIN U
STREET ADDRESS 210-3 SPARROW DRIVE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME KORI, REIN U

1.3 STREET ADDRESS 17367 41st ROAD NORTH

1.4 CITY-ST-ZIP LOXAHATCHEE, FL 33470

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

(904) 790-2053

CR2E034 (11/98)