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

, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET # 16RESS

DOCUMENT # P96000030223 FLORIDA KITCHEN CRAFT, INC. Principal Place of Business Mailing Address 122 HERON PARKWAY 6801 LAKE WORTH RD ROYAL PALM BEACH, FL SUITE112 33411 LAKE WORTH, FL 3a. Date of Last Report NONE 33467 2a. Mailing Address 2. Principal Place of Business Applied For Number 65-0656572 26 Not Applicable Suite, Apt. #, etc. Suita Apt #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zio Country B. This corporation has liability for intangible tax under s. 199.032, 🛚 Yes 🔲 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name STEVEN H. MACHIELA, C.P.A., P.A. 6801 LAKE WORTH RD SUITE 112 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33467 83 84 City Zip Code 7.7.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section office or registered agent. Lam far Var w S:GNATURE namic of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Change Addition 11 TITLE BHE PRES. THOMAS CUNNINGHAM 122 HERON PARKWAY 1.2 NAME 1.3 STREET ADDRESS STREET AFORESS ROYAL PALM BEACH, FL 33411 1.4 CITY-ST-ZIP CITY_ST-76 DELETE 21 TITLE Change Addition HIJE 22 NAME NAM: 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP C 1Y St 28 DELETE Change Addition 3 1 TITLE TILL NAME 3.2 NAME \$166 FLAD/08135 3.3 STREET ADDRESS 3 4. CITY - ST-ZIP OLY -51-24 DELETE Change Addition 4.1 TITLE td i 4. 2 NAME NAMI 4.3 STREET ADDRESS STREET ATORESS 4.4 CITY - ST-ZIP 047 St 76 Change DELETE 51 TITLE Addition Lh 5.2 NAME NAM; 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP OHY 57 Z6 DELETE Change Addition 1.115 6.1 TITLE

14. If dute reby 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 are san officer or orector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name annual report is the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.2 NAME 6.3 STREET ADDRESS 100002190701 -05/27/97--01005--032

SIGNATURE: Shorm Land Thomas Cunninghan 430/97 Gol 9648182