

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P96000031349*
 1. Corporation Name
BAY AREA CABINETS & MILLWORK BY JOHN, INC.

Principal Place of Business	Mailing Address
174 SW Lincoln Cir N St. Petersburg, FL. 33703	174 SW Lincoln Cir N St. Petersburg, FL. 33703

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified Apr 1996	3a. Date of Last Report
4. FEI Number 69-0662545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent John Koenig 174 SW Lincoln Cir N St. Petersburg, FL. 33703	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 included 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:

John Koenig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97
 Date

525-5520
 Daytime Phone #

CR2E034 (9/96)