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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600031652 (6)

CABINET SOLUTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 02 1997 8:00am Secretary of State



Sulfie, Apt. 4, etc. 27	271 ANDERDSO MARY ESTHER	N DR FL 32569	271 ANDERDSO MARY ESTHER		803				
Month Superior S							· · · · · · · · · · · · · · · · · · ·	3a. Date of La	st Report
Solicy April 4, etc. Solicy State Solicy Solic	2. Principal Pl	ace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Solicy April 4, etc. Solicy State Solicy Solic	21		26	26			- 59-337666	16	Not Applicable
Cay A State		#, etc.		#, etc.					5 Additional
City & States Country 28	22		27				Certificate of Status Desired	Fee	Required
28	City & State)	City & Stat	e			6. Election Campaign Financing	\$5.	00 May Be
Zip	23		28				Trust Fund Contribution		
NORTON, WESLEY D 25 26 Name and Address of Current Registered Agent 10. Name and Address of New Registered Ag	Zip	Country	Country Zip Count		Country	,	8. This corporation has liability for intangible tax under s. 199.032,		
Name and Address of Name Registered Agent 10, Name and Address of Name Acceptable) 11, Name and Address of Name Acceptable) 11, Name and Address of Name Acceptable 11, Name and Address of Name and Address of Name Acceptable 11, Name and Address of Name and	24	25 29 30		30					
271 ANDERDSON DR MARY ESTHER FL 32569 82 Stroct Address (P.O. Box Number is Nox Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.06, Florida Statutus. the above-named corporation submits this statement for the pursues of changing its register of agent, and accept the calegories of statutus. 12. City FL 85 Zip Code 13. Pursuant to the provisions of Sections 607.05.02 and 607.15.06, Florida Statutus. the above-named corporation submits this statement for the pursues of changing its register of directors. I hereby accept the appointment as registered registered agent, and accept the calegories of statutus. 15. Control of Statutus.		9. Name and Address of Curre	ent Registered Agen	it		,	10. Name and Address of New Re	gistered Agent	
MARY ESTHER FL 32569 11. Pursuant to the provisions of Scatteris 607 0002 and 607 1608. Florids Statutes, the above-named corporation submits this datement for the purses of changing its registered agont, or both, in the State of Horids Statutes. The above-named corporation submits this datement for the purses of changing its registered sagent, or both, in the State of Horids Statutes. SIGNATURE Signature Description or passed corporation appeal agont in the State of Horids Statutes. Description of Description of Horids Statutes. Des	NOR	ton, wesley d			81	Name			
MARY ESTHER FL 32569 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Find its Stahlats, the above-ramed corporation submits this statement for the purpose of changing its register of agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both, in the State of Hondas Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont, or both appointment as registered agont. 11. Pursuant to the provisions of Sections 607 6050, Total State Horeby accept the directors. Horeby accept the appointment as registered agont, or both appointment as registered agont. 12. DELETE 11. Pursuant to the purpose of change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agont. 12. DELETE 11. Pursuant to the purpose of change was authorized agont. 13. Shell Alders Such accept the Change was authorized at the extension of the Change was a shell allers to the Change was a shell allers to the Change was a shell allers					82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Finitis Statutes. the above-named corporation submits this statement for the purpose of changing its register of agent, or both, in the State of Hondris Such change was submorked by the corporation's board of directors. I hereby accept the approachment as registered agent, or both, in the State of Hondris State than termital with, and accept the obligations of, Sections 607 05.05, Horide Statutes. SIGNATURE Signature Proceed Proceed Proceed Proceded Pro	MAR	Y ESTHER FL 32569			"	Colonina	Toda (F.O. Box Floringo) to Floring Gorge	,	
THE NAME STREET ADDRESS OFF. SETTING BETTER FL 32569 MARY ESTHER					83				
THE NAME STREET ADDRESS OFF. SETTING BETTER FL 32569 MARY ESTHER					-			las!	Zia Carda
office or registered agent, or both, in the State of Horidan. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as rejistered agent and familiar with, and accept the obligations of Socion 607.0505, Horida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 1.2 May NAME NORTON, WESLEY D DELITE 1.1 HILL					04	Cliy		FL 85	zip Code
SIGNATURE Signature types o posed server segment and the Transmist PRINT Signature types of posed segment and the Transmist PRINT Signature types of posed segment and the Transmist Signature types of the Transmist Signa	11. Pursuant t	o the provisions of Sections 607.05 egistered agent, or both, in the Star	02 and 607.1508, Flo te of Florida, Such ch	orida Statuto ange was a	es, the above	e-named corp the corpora	poration submits this statement for the pation's board of directors. I hereby accep	ourpose of changing the appointment	ng its registered t as registered
12		n tanımar wim, and accept the obii	galiens or, accion of	37.030 3, FIC	лиа фіацію	а.			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Signature, typen or priored name of registered a	uent and title Lapolicable	··· ·· · · · · · · · · · · · · · · · ·	: Registered Apr	ent signature requ	ired when reinstating)	DATE	
TITLE								ERS AND DIREC	TORS IN 12
STREET ADDRESS 271 ANDERDSON DR 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	D		DELETE	1111111			Char	nge Addition
STREET ADDRESS 271 ANDERDSON DR 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP	NAME	NORTON, WESLEY D			1.2 NAMS				
City-St-ZiP		ATA ALIOPERAGALI PR			ADDRESS				
TITLE	*******								
NAME NORTON, SUSANNE 22 NAME 22 NAME 23 STREET ADDRESS 271 ANDERDSON DR 23 STREET ADDRESS 24 CITY-ST-ZIP				DELETE		<u></u>		Char	nge Addition
STREET ADDRESS 271 ANDERDSON DR MARY ESTHER FL 32569	- I	NORTON, SUSANNE							
DELETE DELETE STREET ADDRESS STR						ADDRESS			
TITLE									
NAME		WWW. COTTLETT E OFFICE		DELETE		21. Til		Char	nge Addition
STREET ADDRESS						}			
CITY-ST-ZIP						223GITA			
TITLE DELETE 4.1 TITLE Change Addit NAME 4.2 NAML 4.3 STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4.4 CHY-S1-ZIP Change Addit NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP Change Addit STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP Change Addit TITLE DELETE 61 TITLE Change Addit NAME 62 NAME G3 STREET ADDRESS G3 STREET ADDRESS <td< td=""><td> </td><td></td><td></td><td></td><td></td><td>İ</td><td></td><td></td><td></td></td<>						İ			
NAME				DELETE		21.11		Chai	nge Addition
### ### ##############################	1		_						•
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					22 10004			
TITLE DELETE 51TILE Change Addid NAME 52 NAME	1								
NAME				DELETE		01 · 21r		Char	nge Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS				0.200					
						. ADDDCCC			
TITLE DELETE 611ILE						1			
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS				DELETE		S1-ZIP	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Chai	nge Addition
STREET ADDRESS 6 3 STHEFT ADDRESS			LJ	DECERT				L.J Wildi	igo [_] Muuliidii
C(TY_CT_7)D						I			
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	CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·					

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 eath; 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.

11 2000