PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	D00000040001
DOCUMENT#	P96000046091

1. Corporation S & C CA	ABINETS & INSTALLAT						ļ.				i		
	(8)	Matter Address					1			Bill Belli Da			
Principal Place		Mailing Address	_										
1433N ALAEAMA DELAND FL 3272		1433 N ALABAMA AV DELAND FL 32724-33:											
US	.+-000	US	•					DO	NOT WR	ITE IN T	IIS SPACE		
								corporated 1/1996	or Qualifed	l			
2. Principal Pla	ice of Business	2a. Mailing Address			_		4. FEI No	mber				Appli	ed For
21 26						59-3400062				Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.		:.				5 Cortifo	ate of Status	Desired				ditional	
22		27					D. Certific			LJ	Fee	Requ	uired
City & 5 tate		City & State					6. Election	n Campaign	Financing		•	00 i <i>n</i> i	-
23		28					 	und Contrib				ed to	Fees
Zip	Country	Zip		Country				rporation ov		rent year			a
24	25		30					al Property				Yes 🛣 No	
	9. Name and Address of C	urrent Registered Agent		81			10. Name	and Addres	ss of New	Register	d Agent		
noui	n, sheldon			01	Name								ì
	N ALABAMA AVE			82	Street	Addres	s (P.O. Bo	Number is	Not Accep	table)			
	ND FL 32724												
DELA	NU FL 32/24			83									
	•			84	City					F	85 Z	Zip Co	de
										- nurnaca	of changing	itsie	gistered
11. Pursuant to	the provisions of Sections 60	7.0502 and 607.1508, Florida 9	Stati tes, th	he above	-named	Corpor	ation subm	is this stater	ment for the	s harbose	or or anging		9.010.00
office or re	o the provisions of Sections 60 gistered agent, or both, in the to a familiar with, and accept the c	7.0502 and 607.1508, Florida 8 State of Florida. Such change v obligations of, Section 607.0509	was ₃utho	rized by :	the comp	corpor poration	ation subm 's board of	is this stater directors. I h	nent for the ereby acce	ept the ap	pointment as	s regis	stered
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14. I hereb / 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed own an attachment with an address with all other like empowered.

Sheldon Oquin, Pres. 43.3.99 904-738-3686

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #