Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90096 050 \*\*\*150.00

## 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

## DOCUMENT # P96000057190

1. Corporation Name

MILLCRAFT SHUTTERS & CABINETRY, INC.

Principal Place	e of Business	Mailing Address				))	) 18111 WETT 1881
P O BOX 5024 901 SEA GRAPE LANE 1391 29TH STREET VERO BEACH FL 32963						0.004.05	
VERO BEACH FL 32961					DO NOT WRITE IN THI	S SPACE	
US					3. Date Incorporated or Qualifed 07/03/1996	,	_
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	;		59-3389842		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
City & State		City & State	7		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added t	- 1
Zip	Country Zip Co		Countr	у	8. This corporation owes the current year In	ntangible	
24	25	29 30			Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	J Agent	
			81	Name			
HOW, EDWARD K JR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
901		64	Street Addi	ress (F.O. Box 14tiffbei is 110t Acceptable)		, ,	
VERO BEACH FL 32963			83	3			
			84	l City		85 Zip (	Code
			ļ		FI		
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose one's board of dispaters. I hereby assent the appropriate the purpose of the p	of changing its	registered
11. Pursuant to the provisions of sections of 007.1302 and 007.1306, Fibrida Statutes, life above flained collaboration studies this administration and the purpose of clining in 1875 of the option of the purpose of clining in 1875 of the option of the purpose of clining in 1875 of the option of the purpose of clining in 1875 of the option of the purpose of clining in 1875 of the option of the purpose of clining in 1875 of the option							
SIGNATURE	The State of	( Eowars X. How .	n)	/( ,	2-15-95	<del></del>	
SIGNATURE	Signardre typed or printed name of registered ager		gistered Age	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HOW, EDWARD K JR.		1.2 NAME				ļ
STREET ADDRESS	901 SEA GRAPE LANE	E LANE 13		ET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-3	ST-ZIP			}
TITLE	D	☐ DELETE	2.1 TITLE		<u> </u>	☐ Change	☐ Addition
NAME	HOW, SANDRA L		2.2 NAME				
STREET ADDRESS				TADDRESS			ĺ
	LEDO DE LOUI EL AGOS		2.4 CITY-		•		
CITY-ST-ZIP TITLE	TENO BEACHT E GEGGO	☐ DELETE	3.1 TITLE	37-ZIF	<del>_</del>	☐ Change	Addition
NAME		<b>—</b>	3.2 NAME			=	
				T ADDRESS			ļ
STREET ADDRESS			3.4 CITY-	j			}
CITY-ST-ZIP TITLE			4.1 TITLE	31-415	41.44	☐ Change	Addition
		<u></u>	4. 2 NAME	.		_ •	_
NAME				T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE	31-LIP		☐ Change	Addition
TITLE			5.2 NAME			5go	
NAME				ET ADDRESS			
STREET ADDRESS	1						
CITY-ST-ZIP			5.4 CITY-:	31-21		Change	Addition
TITLE		☐ DELETE				C. Oriange	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET ADORESS			ì

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 of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

170-9959