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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P96000058217 (6)

NU LOOK KITCHENS & REFACING SYSTEMS, INC.

Principal Place of Business Mailing Address 142 ANNWOOD ROAD 142 ANNWOOD ROAD PALM HARBOR FL 34685-1901 PALM HARBOR FL 34685 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1996 Applied For 2. Frincipal Place of Business 2a. Mailing Address FEI Number 26 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intarigible tax under s. 199.032, ☑ Yes ☐ No 30 25 29 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAMMER, HAL 29656 U. S. HIGHWAY 19 NORTH Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE #200** 83 **CLEARWATER FL 34621** Zip Code 84 City 11. Pursuant to the previsions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Fiorida Statutes. SIGNATURE Signature, typed or printed harne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) (96/6) 13. DELETE Change Addition 1 1 TITLE THEF PRATTEN, ROBERT 1.2 NAME NAME **PZE034** 1101 ROYAL BOULEVARD 1 3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 1.4 CITY - ST - 2IP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE Change TITLE PRATTEN, BETTY 2.2 NAME NAME 142 ANNWOOD ROAD 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE PRATTEN, MICHAEL NAME 3.2 NAME 142 ANNWOOD ROAD 3.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 34. CITY-ST-ZIP City-St-76 DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE THEF 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-7iF DELETE Change Addition

6 1 TITLE

62 NAME

6.3 STREET ADDRESS

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily that the fortion supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ation or the receiver or of these empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - ST - ZIP

SIGNATURE:

 I do hereby certify that the information information indicated on this annual re l am an officer or director of the appears in Block 12 or Bloc

THEF

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

May 05 1997 8:00am

Secretary of State