FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000066982 (5)**

1. Corporation Name
ED-WOOD CUSTOM CABINETRY, INC.

Principal Place of Business	*Mailing Address*
470 CURRY CIRCLE MARGATE FL 33068	470 CURRY CIRCLE MARGATE FL 33068-1568

3. Date Incorporated or Qualified: 08/12/1996
3a. Date of Last Report:

2. Principal Place of Business — 21: — Suite, Apt. #, etc. 22: — City & State 23: — Zip 24: — Country 25:

2a. Mailing Address — 26: — Suite, Apt. #, etc. 27: — City & State 28: — Zip 29: — Country 30:

4. FEI Number: 65-0689309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~FERRARA, JAMES T ESQ.~~
~~333 S.E. 8TH STREET~~
~~SUITE 400~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name: EDDY ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 470 CURRY CIRCLE
83
84 City: MARGATE FL 85 Zip Code: 33068

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 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 Florida Statutes.

SIGNATURE: Eddy Anderson (NOTE: Registered Agent signature required when reinstating) DATE: 3/21/97

12. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: ANDERSON, EDDY
STREET ADDRESS: 470 CURRY CIRCLE
CITY-ST-ZIP: MARGATE FL 33068

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 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 or added to an attachment with an address.

SIGNATURE: Eddy Anderson 3/4/97 (954) 970-1326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0153482