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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Micrtham .

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091133 (4)

ISLAND CABINETS AND SPECIALTIES, INC.

Principal Place of Business

Mailing Address

1190 S.W. GASTADOR AVE. PORT \$T. LUCIE FL \$4953 1190 S.W. GASTADOR AVE. PORT ST. LUCIE FL 34953-1833

FILED Jun 18 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 11/06/1996	3a. Date of	Last Report	
-	ace of Business	2a. Mailing Address	000		4. FEI Number	2	Applied For	
21 / 100	7 Indrio RD	26 6 50U	ne		65 0 11034		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22, 27					5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State City & State City & State 23 Ft. Pièrce, FLORIDA: 28 City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
<u>୷ଌୖୖ</u> ୣ୴ଵୢୢ	Country Zip Cou			ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9, Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agen	t	
	CIA, MAUREEN			81 Name				
1190 S.W. GASTADOR AVE. PORT ST. LUCIE FL 34953				82 Street Address (P.O. Box Number is Not Acceptable)				
			-	84 City		85	Zip Code	
						FL	·	
'11. Pursuant te office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State (? and 607.1508, Florida Statu of Florida, Such change was	ites, the ab authorized	ove-named by the corn	corporation submits this statement for the proporation's board of directors. I hereby acceptors to the control of the control	ourpose of char	nging its registered vent as registered	
J egent, I an	n familiar with, and accept the obliga	tions of Section 607.0505, F	lorida Stati	tes.	The second of th	or or promite	35 . 59.510.00	
SIGNATURE	15.00							
12.	Signature, typod or printed name of registered ager		1E: Rog stored	Agent signature	required when reinstating)	DATE CEDC AND DID	501 000 IN 40	
TITLE	OFFICERS AND	DELETE	11100		ADDITIONS/CHANGES TO OFFIC		Change Addition	
NAME	BECCIA, MAUREEN	Dette in		1		L (mange Audition	
i	1190 S.W. GASTADOR AVE.		1.2 NA	1				
STREET ADDRESS	PORT ST. LUCIE FL 34953			EET ADDRESS				
CITY-ST-ZIP TITLE	TONI GI. LOUIE PL 04933	DELETE	2.1 TIT	Y-ST-ZIP		TT (hange Addition	
NAME			2.2 NAI				mange [] Addition	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		•		l				
TITLE		☐ DELETE	31 TIT	Y-ST-ZIP			Change Addition	
NAME			3.2 NA	1		-	—	
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP				Y - ST - ZIP				
TITLE		DELETE	4.1 7111				hange	
NAME			4, 2 NA	ME				
STREET ADDRESS			4.3 STR	EFT ADDRESS				
CITY-ST-ZIP			4.4 C/T	7-S1-ZIP				
TITLE		DELETE	5 1 TH				hange Addition	
NAME			5.2 NA	AE .				
STREET ADDRESS			5.3 \$18	EET ADDRESS				
CITY-ST-ZIP			5.4 CI11	r - S1 - ZIP				
TITLE		☐ DELETE	6.1 1(1)			, D	hange Addition	
NAME			6.2 NAM	AE 1				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP				7 - ST - ZIP				
14. I do hereby information I am an off	indicated on this annual report or su	ipplemental annual report is the receiver or trustee empoy	ify for the e true and ac vered to ex	xemption st curate and	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the samo loga eport as required by Chapter 607, Florida S	I effect as if ma	ade under oath; tha	