

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 15 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 # P96000092539 (1)

1. Corporation Name  
JIM ROSS CABINETS, INC.

Principal Place of Business  
1919 NORTHWEST 19 STREET  
FORT LAUDERDALE FL 33311

Mailing Address  
1919 NORTHWEST 19 STREET  
FORT LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 2745 NW. 30 AVE

City & State

23 LAUDERDALE LAKES, FL

Zip

24 33311

Country

25 BROWARD

2a. Mailing Address

26

Suite, Apt. #, etc.

27 2745 NW. 30 AVE

City & State

28 LAUDERDALE LAKES, FL

Zip

29 33311

Country

30 BROWARD

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

4. FET Number

65-0698807

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME ROSS, JAMES VAN  
STREET ADDRESS 1919 NORTHWEST 19 STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☐ DELETE

NAME ROSS, JAMES VAN  
STREET ADDRESS 1919 NORTHWEST 19 STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☐ Change ☐ Addition

1.2 NAME ROSS, JAMES VAN  
1.3 STREET ADDRESS 2745 NW. 30 ST  
1.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME ROSS, JAMES VAN  
2.3 STREET ADDRESS 2745, NW. 30 ST  
2.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

*[Signature]*

9/9/97

2745 NW. 30 ST

CR2E034 (4/97)