

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096389 (7)

1. Corporation Name

H.T. CUSTOM CABINETS INC.

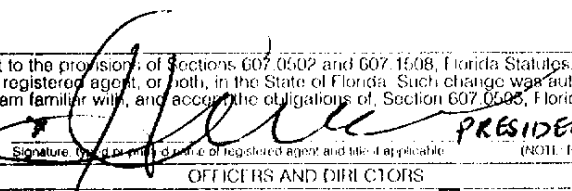


Principal Place of Business 4261 NW 38 TER LAUDERDALE LAKES FL 33309	Mailing Address 4261 NW 38 TER LAUDERDALE LAKES FL 33309-4144
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0713383		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BALASUBRAMANIAM, KIRUDDINAM 4261 NW 38 TER LAUDERDALE LAKES FL 33309				10. Name and Address of New Registered Agent			
81	Name THOMAS, HILARY			82	Street Address (P.O. Box Number is Not Acceptable) 4261 NW 38 TER.		
83				84	City LAUDERDALE LAKES FL		
85	Zip Code 33309						

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 607.0503, Florida Statutes.

SIGNATURE  PRESIDENT DATE 4/19/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	THOMAS, HILARY	1.1 TITLE		1.1 NAME	
STREET ADDRESS		STREET ADDRESS	4261 NW 38 TER	1.2 NAME		1.2 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	D	NAME	THOMAS, GLENDA	2.1 TITLE		2.1 NAME	
STREET ADDRESS		STREET ADDRESS	4261 NW 38 TER	2.2 NAME		2.2 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE		3.1 NAME	
STREET ADDRESS		STREET ADDRESS		3.2 NAME		3.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		3.4 CITY-ST-ZIP		4.1 TITLE	
TITLE		NAME		4.2 NAME		4.3 STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	
CITY-ST-ZIP		CITY-ST-ZIP		5.2 NAME		5.3 STREET ADDRESS	
TITLE		NAME		5.4 CITY-ST-ZIP		6.1 TITLE	
STREET ADDRESS		STREET ADDRESS		6.2 NAME		6.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		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  DATE 4/19/97

CR2E034 (9/96)