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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100694 (4)

BOB'S CUSTOM KITHENS, INC.

FILED May 07 1998 8:00am Secretary of State



			<u></u>			~~~		A .	
Principal Place of Business Mailing Address								•	
7816 CLARK MOODY BLVD 7816 CLARK MOO									
PORT RICHEY	PL 34008	PORT RICHEY FL 34868					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							12/12/1996		
	ace of Business	2a. Mailing Address					4. FEI Number Applied Fo	Of	
21		26					59-2538221 Not Applic	-	
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	al	
22 City & State	Δ	City & State							
23		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	,	
Zip	Country	Zip Country			ntry		8. This corporation owes or has paid the current year Intangible	$\neg \neg$	
24	25	29		30			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered A	gent				10. Name and Address of New Registered Agent		
LUS	ST, ROBERT C				81	Name			
	6 ÇLARK MOODY BLVD				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
POI	RT RICHEY FL 34668				83				
					84	City	FL 85 Zip Code		
11. Pursuant office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	end 607.1508 of Florida Such tions of, Section	s, Florida Sta tu n change was n 607.05 0 5, F	ites, the al authorize lorida Stat	oove d by utes	e-named cor the corpora s.	rporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as register	ered	
SIGNATURE									
12.	Signature, typed or printed name of registered age: OFFICERS AND		ole (NC)	13.	1 Age	nt signature requ	nirod when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,——	
TITLE	DP	131111 07 0110	DELETE	1.1 TC	TLE			dition	
NAME	LUST, ROBERT C			1.2 N				ľ	
STREET ADDRESS	7816 CLARK MOODY BLVD			1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		1.4 (1.4 CITY-ST-ZIP				
TITLE	DST		DELETE	2.1 TI	TLE		☐ Change ☐ Ad	dition	
NAME	LUST, MICHELLE L			2.2 N/	ME				
STREET ADDRESS	7816 CLARK MOODY BLVD			2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		05:55	_		T-ZIP			
TITLE	L_J DE		DELETE			İ	L.] Change L.] Ad	dition	
NAME				3.2 N/					
STREET ADDRESS	1		1		ADDRESS				
CITY-ST-ZIP TITLE			DELETE	3.4. C 4.1 Ti		57 - ZIP	☐ Change ☐ Ad	idition	
NAME			>1.00.10	4.1 II 4. 2 N			Starty No		
STREET ADDRESS				1		ADDRESS		ĺ	
CITY-ST-ZIP				4.3 3 C					
TITLE	<u></u>		DELETE	5.1 Til			☐ Change ☐ Ad	dition	
NAME				5.2 NA	ME		• -		
STREET ADDRESS				5.3 ST	REET	address			
CITY-ST-ZIP	_			5.4 CO	TY-\$	T-ZIP			
TITLE			DELETE	6.1 10	'LE		☐ Change ☐ Ad	dition	
NAME				6.2 NA	ME			-	
STREET ADDRESS				6.3 ST	REET	ADDRESS			
CITY-ST-ZIP				6.4 CI					
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4. I 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.

CIONATURE.

milelle

4-22-98

818-848-3928