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 # P97000036928 (4)

JPT CABINET CONTRACTORS, INC.

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



| Principal Place of Business | | Mailing Address | | | |
|---|---|-------------------------------------|----------------|---------------|--|
| 1108 5TH AVE. NORTH. SUITE 26 | | 1108 5TH AVE. NORTH, SUITE 26 | | | |
| LAKE WORTH FL 33460 | | LAKE WORTH FL 33460 | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified |
| | | | | | 04/24/1997 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number Applied For |
| 21 | | 26 4205, 57th Ave. 5 | | | 65-0748664 Not Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | S8.75 Additional |
| 22 | | 27 Apt. C | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 Lake Worth | | | Trust Fund Contribution |
| Zip | p Country Zip | | Countr | FL | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 33463 | 29 33463 30 | | Personal Property Tax due June 30. 🔀 Yes 🔲 No |
| | Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registered Agent |
| PUF | RANEN, JORMA | | 81 | Name | |
| 1108 5TH AVE. NORTH, SUITE 26 | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) |
| | E WORTH FL 33460 | | | | |
| | | | 83 | 1 | |
| | | | 84 | City | 85 Zip Code |
| | | | 10. | City | FL ** 2 ** 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| 11. Pursuant t | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statute | s, the abov | e-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, t am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered as | TOM) e decidique habitable (NOTI | Registered Ag | ont signature | required when reinstating) DATE |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | Nirkkonen Timo. J. Change Addition |
| NAME | | | 1.2 NAME | | H205 57+4, Ave. S. #C Lake Worth FL 33463 Change Addition |
| STREET ADDRESS | | | 1.3 STREE | t address | 4205 57th, Ave. S. #C |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | | 1.4 CITY - | ST-ZIP | Lake Worth FL 33463 |
| TITLE | | ☐ DELETE | LETE 2.1 THILE | | · Change Addition |
| NAME | • | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | | | 2. 4 CITY | ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREE | t address | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | L. Change L. Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREE | t address | |
| CITY-ST-ZIP | | | 4.4 CITY - | ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | • | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREE | 1 Address | |
| CITY-ST-ZIP | | | 5.4 CITY - | ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY - | ST-ZIP | |
| | ertify that the information supplied | with this Mina does not qualify for | | | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information |

Indicated on this annual report or suppliemental 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 received or traspect of powered 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 attention true an address.

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