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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

P97000047496 (9)

FENWOOD KITCHENS AND BATH, INC.

:											
Principal Place of Business Mailing Address							7		OBALL BOLL BURN HED		/// 0 0 /// 100
431 N.E. 28TH STREET POMPANO BEACH FL 33064		431 N.E. 28TH STREET POMPANO BEACH FL 33064				DO NOT WRITE IN THIS SPACE					
							1	e Incorporated or Qualified 5/29/1997			
2. Principal Place of Business		2a, Ma	2a. Mailing Address					Number - 1.41.0	14		olied For Applicable
Sulte, Apt	Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5, Ceri	lificate of Status Desired	, , , , , , , , , , , , , , , , , , ,		dditional	
City & State		27 Cit	City & State			6. Elec	tion Campaign Financing	\$	5.00 k	<u> </u>	
Zip Country		28 Zij	Zip Country			· · · · · · · · · · · · · · · · · · ·		t Fund Contribution corporation owes or has p		dded to ear Intai	
24	25	29			<u>ol</u>			sonal Property Tax due June			No
}	g, Name and Address of Currer	nt Registere	d Agent	-	B1	Name	10. Nar	ne and Address of New R	egistered Agent		
	BOHMAN, KEVIN					ivaine					
	431 N.E. 28TH STREET POMPANO BEACH FL 33064					Street Add	ress (P.O. E	Box Number is Not Accepta	ble)		
·	OIM VIA DEVOLLE 22004				83						
					84	City			FL 85	Zip Ci	ode
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida 3	Such change was	authorize	ed by	the corpora	coration sub tion's board	omits this statement for the of directors. I hereby acce	purpose of chan	ging its ent as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered sign	on a diblo dana	oh dda MC) It : Boo clay	od Acco	nt signature requ	tod whos soinst	ntinen	DATE		
12.	OFFICERS AN			13.		a s-griature requ		TIONS/CHANGES TO OFFI		CTORS	IN Z
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STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	51 T 52 N 5.3 S	ITLE IAME TREET	ADDRESS			c		Addition Addition

14. Thereby certify that the information supplied with this filling 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 have appears in Block 13 or Block 13 if changed, or on an attention that with an address.

6.3 STREET ADDRESS