## 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 # P97000083400 (6)

J. PAUL CABINETS CORP.

**FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing A	ddress		- LEBONARU LAR ABSEL KRALI COLIUL ODALI BOLIU BOLIU BOLIU BOLIU BOLIU BOLIU	HED HAN BIEN BENN ODN 106:
5701 CAMINOL DEL SOL 5701 CAMINOL DEL SOL				
BUITE 303 SUITE 303 BOCA RATON FL 33433 BOCA RATON FL 33433		DO NOT WRITE IN THIS	SBACE	
		3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
			09/26/1997	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
3620 NW 3RD AVE 26 SAME			650784098	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
27			S. Comments of States Desired	Fee Required
City & State  City & State  City & State  28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
19 Country Zip Country 33 43/ 25 /33 29 20		Country	8. This corporation owes or has paid the current year Intangible	
120	30			Yes No
			10. Name and Address of New Registered	Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		or name		
		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
		83	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above		e above-named corp	poration 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 Agen  12. OFFICERS AND DIRECTORS  13.				D DIDECTORS IN 12
12. OFFICERS AND DIRECTORS		.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME JARMOSIK, JAY P		.2 NAME		
EZO1 CANINO DEL COL		.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33433		.4 CITY-ST-ZIP		
TITLE 8VD		.1 TITLE		Change Addition
NAME JARMOSIK, PAUL	2:	2 NAME	# 1	
STREET ADDRESS 5701 CAMINO DEL SOL	2	3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL 33433		. 4 CITY-ST-ZIP		
TITLE	☐ DELETE 3.	.1 TITLE		☐ Change ☐ Addition
NAME	3:	2 NAME		
STREET ADDRESS	3	3 STREET ADDRESS		
CITY-ST-ZIP	2.2.2.2.2	.4. CITY-ST-ZIP		<del></del>
TITLE		.1 TITLE		L Change L Addition
NAME		. 2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		.4 CITY-ST-ZIP .1 TITLE		Change Addition
NAME		2 NAME		☐ Suminge ☐ Addition
STREET ADDRESS		.2 NAME .3 STREET ADDRESS		
City-St-ZiP		.4 CITY-ST-ZIP		
TITLE		1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME				
i të		.2 NAME		
STREET ADDRESS	6.5	.2 NAME .3 STREET ADDRESS	·	

14. Thereby 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 chapter 607, an attachment with an address.