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

PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000001601

1. Corporation Name

SUPERIOR CABINET INSTALLATION & SALES, INC.

Principal Place of Business

2979 NE 147TH TERR SILVER SPRINGS FL 34488

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

2979 NE 147TH TERR SILVER SPRINGS FL 34488

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90206 009 ***150.00



					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		
					01/05/1998		
2 Principal P	lace of Business	2a. Mailing Address			4 FFI Number	App	olied For
21 2979	NE. 147th Terr		1474	Terr	59-3486989	No	Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		10		\$8.75 A	dditional
22 27					5. Certificate of Status Desired	Fee Required	
City & State City & State			ings FL.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 - Added to	- 1
zip 3448	B 25 Mar lan	z9 34488 3	Coluntry Ma	rion	This corporation owes the current year Personal Property Tax.	☐ Yes .	X No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			<u> </u>
HOUSTON, WILLIAM H				Street Addr	ress (P.O. Box Number is Not Acceptable)		
2979 NE 147TH TERR				Juleet Addi	- Los number is not Acceptable)		1
SILV	ER SPRINGS FL 34488		83				
			84	City	·····	85 Zip C	ode
						┖┖╽┈	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auti ons of, Section 607.0505, Florid	norized by a Statutes	the corporate	on's board of directors. I hereby accept the ap	pointment as ret	jistereu
SIGNATURE							l
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D DELETE 1.1 T		1.1 TITLE			☐ Change	Addition
NAME	HOUSTON, WILLIAM H		1.2 NAME				
STREET ADDRESS	2979 NE 147TH TERR		1.3 STREE	TADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL 34488		1.4 CRY-S	T-ZIP			
TITLE	D DELETE 2.1 T		2.1 TITLE			Change	☐ Addition
NAME	MOULTON, ALLEN R		2.2 NAME				
STREET ADDRESS	2000 05 400 07		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ALL DESCRIPTION OF THE PARTY OF		2. 4 CITY-	ST-ZIP			
TITLE			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			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
tine	···	□ DELETE	51 IIII E			Change	Addition

14. 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

54 CITY-ST-7IP

☐ Addition

Change