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 # **P98000011332**1. Corporation Name

JOO CABINET, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90161 033 ***150.00



Principal Place of Business Mailing Address				-			I YORISONI IIO IBIUL 10911 UUIII BBILI UUSII UUSII UUSII UUSI IIOON IIIUU EIIGA IIINU ISUI IOO	11
1751 S DIXIE HWY. BLDG B-28 POMPANO BEACH FL 33060			1751 \$ DIXIE HWY. BLDG B-28 POMPANO BEACH FL 33060				. DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	\neg
							02/03/1998	- }
2 Deineinel D	ace of Business	723	- Mailing Address				4. FEI Number Applied For	
— ·	ace or business	<u> </u>	. Mailing Address				65-0807831 Not Applicab	le l
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				\$8.75 Additional	-
22	#, etc.	27	Oute, ripe, ii, oto.				5. Certificate of Status Desired Fee Required	}
City & State	e	- - :-1	City & State		_		6. Election Campaign Financing S5.00 May Be	\neg
23		28					Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29	;	30			Personal Property Tax. ☐ Yes ☐ No	_
	9. Name and Address of Curren	t Regis	stered Agent		L.,		10. Name and Address of New Registered Agent	
					81	Name		
DAVID R. ROY, P.A.					82	Street Addre	ress (P.O. Box Number is Not Acceptable)	\dashv
4209 N FEDERAL HWY								
POMPANO BEACH FL 33064					83			
					84	City	₽∎ 85 Zip Code	\dashv
					L	•	FL 63 24 code	
office or n	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Flori	da. Such change was au	thorized	l by	the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	'
SIGNATURE								- 1
SIGNATORE	Signature, typed or printed name of registered agen	t and title	if applicable. (NOTE: f	Registered	Agen	t signature required	ed when reinstating) DATE	_
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD		☐ DELETE	1.1 TI	TLE		- ☐ Change ☐ Additi	ion
NAME	Joo, Yoon-Bok			1.2 NA	AME		•	ĺ
STREET ADDRESS	1751 S DIXIE HWY, BLDG B-28	3		1.3 ST	REET	ADDRESS		<u> </u>
CITY-ST-ZIP	POMPANO BEACH FL 33060			1.4 CI		T-ZIP	DAG DAG	
TITLE	VSD		☐ DELETE	2.1 Tr	TLE		Change Addit	1011
NAME	JOO, YUEN-HEE			2.2 N	AME			
STREET ADDRESS	1751 S DIXIE HWY, BLDG B-28	}		2.3 S7	REET	TADORESS	·	- }
CITY-ST-ZIP	POMPANO BEACH FL 33060			2.4 C		T-ZIP		
TITLE			☐ DELETE	3.1 ∏			Change Addit	1011
NAME				3.2 NA				
STREET ADDRESS						ADDRESS		
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TITLE			☐ DELETE	4.1 TI			C) Citalige L) Addit	1311
NAME				4 2 N			•	
STREET ADDRESS						T ADDRESS		
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NAME						T ADDOCCO		
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP			DELETE	5.4 CI 6.1 TI		I-ZIP	☐ Change ☐ Addit	lion
TITLE			☐ DELETE				C) cusude (C) Addition	·V''
NAME				6.2 N				
STREET ADDRESS					6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.4 CI	TY-S	T-ZIP		

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 of 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.

SIGNATURE

Joo. President (954)784-1700