**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000047463

1. Corporation Name

STEVE'S CUSTOM CABINETS INC.

_	
Principal Plac	e of Business
	_

## **FILED** Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90040 027 \*\*\*158.75



						_							
Principal Place	e of Business	Ma	ailing Address				1 1981	1881 118 18191 18111 88111 81	),,, <b>66</b> ,,, 66,,, 6,				
5516 NE 3 AVE						DO NOT WRITE IN THIS SPACE							
			•				05/26/1	_					
<ol><li>Principal P</li></ol>	incipal Place of Business 2a. Mailing Address						4. FEI Numb	1	. 1		+	ied For	
1		26					65-0	<u> </u>	<u> </u>			Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			_	5. Certifcate	of Status Desired		<b>.</b>	75 Ad ee Req	lditional uired	
City & Stat	е	28	City & State			÷.		Campaign Financing d Contribution		\$5.00 May Be Added to Fees			
Zip	Country	29	Zip Cou				1	oration owes the curr Property Tax.	urrent year Intangible ☐ Yes     ØNo				
	9. Name and Address of Curre	nt Regis					10. Name an	d Address of New	Registered A	gent			
OIEC	NOWEY OTTOKN			81	١	lame		•	_				
CIECHOWSKI, STEVEN 5516 NE 3 AVE				82	Š	treet Addre	t Address (P.O. Box Number is Not Acceptable)						
FT LAUDERDALE FL 33334			83					_					
				84		City			FL	85	Zip Co		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid	da. Such change was autho	prized by	the	amed corporation	oration submits t in's board of dire	this statement for the ectors. I hereby acce	purpose of opt the appoin	changii tment	ng its re as regi	egistered stered	
SIGNATURE													
	Signature, typed or printed name of registered ag				nt sig	nature required	d when reinstating)		DATE				
12.	OFFICERS A	ND DIRE		13.			ADDITION	S/CHANGES TO OF					
TITLE			☐ DELETE	1.1 TITLE		( <del>) 4</del>	1000	Presiden	Mak:	Ch	ange	A Addition	
NAME				1.2 NAME		51		ECIEcho					

13 STREET ADDRESS 5516 NE 3 AVENUE STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CiTY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)