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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000052202

1. Corporation Name
JERRY'S CUSTOM CABINET WORKS, INC.

Principal Place of Business
1719 BENBOW COURT
APOPKA FL 32703

Mailing Address
1719 BENBOW COURT
APOPKA FL 32703

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name
82 Spiegel & Utrera, P.A.
83 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
84 City
Coral Gables
85 FL
86 Zip Code
33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 imposed on me by Sections 607.0503, Florida Statutes.

SIGNATURE By: *Natalia Utrera*
Natalia Utrera, Vice-President

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME FORK, JERRY E
STREET ADDRESS 1719 BENBOW COURT
CITY-ST-ZIP APOPKA FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE S
12 NAME Fork, Barbara
13 STREET ADDRESS 1411 Wheeler Road
14 CITY-ST-ZIP Apopka, FL 32703
21 TITLE 400002806604
22 NAME -03/15/99-01123-011
23 STREET ADDRESS *****150.00 *****150.00
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(b), 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 667, 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: *Jerry E. Fork* Pres. JERRY E. FORK

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