

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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 029 ***150.00

DOCUMENT #

Corporation Name

098000069580
P & P Custom Cabinets Inc.
7911 Kimberly Blvd.
North Lauderdale, FL 33068

Principal Place of Business

Mailing Address

212 SW 21 Terrace
Fort Lauderdale, FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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 of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, type or printed name of registered agent and title if applicable.

Nelson E. AMAYA, President

DATE

6/30/99

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 (934) 587-8468
Date Daytime Phone #

CR2E034 (11/98)

P98000069580
583493-90017-29

June 30, 1999

~~Annual Reports-Fillings~~
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Attn: Mr Sprather:

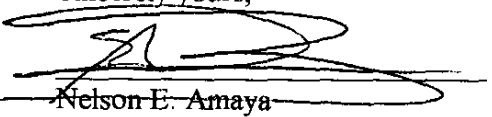
Dear Sir:

After requesting the annual report forms several times, and to no avail, I finally received them this month. The original forms never reached us, and therefore we never did the annual report. We should not be penalized as we immediately started requesting it. Also my accountants office requested it to no avail.

I am hereby enclosing the forms.

Thank you for your patience in this matter.

Sincerely yours,


Nelson E. Amaya

Encl/1