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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT #	P98000088937
Corporation Name	. 0000000000

HAVASU CABINETS, INC.

1999

Mailing Address

rincipal Place of Business
TH INDUSTRIAL PARK
BASTIAN FL 32958

P O BOX 700730 WABASSO FL 32970-073 

SASTIAN PL 32838 WADASSO PL 32870-0730				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 10/16/1998				
Principal Place of Business,	2a. Mailing Address			4. FEI Number		Applied For		
4675 HW/V N/ 1	26 4575 N. AW	/ /		159-3566804		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc. /	•		5. Certifcate of Status Desired		.75 Additional ee Required		
City & State VERO BEACH FL	City & State  28 VERO BEACH	i	Fl.	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
Zip Country 32967 25 U.S		Country	5	This corporation owes the current year to Personal Property Tax.	∐ Ye	s ⊡no		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
IMATOON DEV A		81	Name					
WATSON, REX A 155 41ST CT		82	2 Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH FL 32968		83		,		<del></del>		
		84	City	F	L 85	Zip Code		

I. 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.

GNATURE					DATE	
	Signature, typed or printed name of registered agent and titl		Registered Agent signature require	ADDITIONS/CHANGES TO OFF		DS IN 12
<u>:</u>	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFF	Change	Addition
LE	D	☐ DELETE	1.1 TITLE		Change	
ИE	WATSON, REX A		1.2 NAME			
REET ADDRESS	155 41ST CT		1.3 STREET ADDRESS			
Y-ST-ZIP	VERO BEACH FL 32968		1.4 CITY-ST-ZIP			
IE	D	□ DELETE	2.1 TITLE		☐ Change	☐ Addition
ME	WATSON, LINDA D		2.2 NAME			
REET ADDRESS	155 41ST CT		2.3 STREET ADDRESS			
Y-ST-ZIP	VERO BEACH FL 32968		2.4 CITY-ST-ZIP			
LE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
WE			3.2 NAME			
REET ADDRESS			3.3 STREET ADDRESS			
Y-ST•ZIP			3.4. CITY-ST-ZIP		<del></del> **	
LE .		☐ DELETE	4.1 TITLE		Change	Addition
νE			4. 2 NAME			
REET ADORESS			4.3 STREET ADDRESS			
Y-ST-ZIP			4.4 CITY-ST-ZIP			
_E		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
νE			5.2 NAME			
REET ADDRESS			5.3 STREET ADDRESS			
Y-ST-ZIP			5.4 CITY-ST-ZIP	40-4		
Æ		☐ DELETÉ	6.1 TITLE		☐ Change	Addition
νiE (			6.2 NAME	•		
REET ADDRESS			6.3 STREET ADDRESS			
V 07 7/D **.	A : 1		6.4 CITY-ST-ZIP			

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 or an attachment with an address, with all other like empowered.

IGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-99 Date 561-794-9440 Davime Phone #

CR2E034 (11/98