Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90100 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS 1000 1500

A RESERVE D - 13-11 1

THE BEET WELL

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # POROCO91764

1. Corporation	TIONAL CABINET HARDWA										
Principal Place of Business Mailing Address							f SMILEDI SIN ININI SULL ANIES RA	iti Betii Belie	HENRY HERE HEREIGH	14115 DIE1 1881	
150 N.W. 16TH STREET 150 N.W. 16TH STREET						- 1					
BOCA RATON FL 33432 BOCA RATON FL 33432											
					DO NOT WRITE IN THIS SPACE				SPACE		
							3. Date Incorporated or Qualifed			ţ	
						- 1	10/28/1998		1	J	
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number		App	lied For	
21	the section of the se	26					يبي المستحدد المستحدد المالية		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					- Continue of Otation Desired		\$8.75 A	dditional	
22		27					5. Certificate of Status Desired	ш	Fee Rec	quired	
City & State	2	City & State					6. Election Campaign Financing	_	\$5.00	May Be	
23		28				Į	Trust Fund Contribution Added to Fees				
Zip	Country Zip Co					8. This corporation owes the current			angible		
24	25 29 30						Personal Property Tax.	,		□No Ì	
9, Name and Address of Current Registered Agent						1	10. Name and Address of New F	egistered	Agent		
	J. Halle alle Heart			81	Name)					
FILINGS, INC.											
3732 N.W. 16TH STREET				82	Street	Addres	s (P.O. Box Number is Not Accepta	ible)	1	ļ	
FT. LAUDERDALE FL 33311-4132				83						- 	
11. ENOBELIDALE 12 00011 4102				03							
				84	City			FL	85 Zip C	ode	
									<u>. </u>		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	ot Florida. Such channe was a	HITOOT	izea nv	me com	corpora oration's	ation submits this statement for the s board of directors. I hereby accep	purpose or it the appoi	ntment as reg	istered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					t signature	required w		DATE	ID DIDECTO	DC IN 12	
12.				13.		т —	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition	
TITLE	D								, Critinge		
NAME	Dillaci i init di lace			.2 NAME							
STREET ADDRESS	100 111111 10111 0111-2-1			.3 STREE	ADDRESS	3				1	
CITY+ST-ZIP				4 CITY-S	T-ZIP						
TITLE	•		2.1 TITLE					☐ Change	Addition		
NAME	SCHWARTZ, DANIEL	HWARTZ; DANIEL 2.		2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS		s ⁻ -	· · · -		ı	1		
CITY-ST-ZIP	BOCA RATON FL 33432			2.4 CITY-ST-ZIP							
TITLE	☐ DELETE		3	3.1 TITLE					Change	☐ Addition	
NAME	,		3	3.2 NAME							
STREET ADDRESS	3.		3.3 STREET ADDRESS		3						
	•		3.4. CITY-ST-ZIP			•			1		
CITY-ST-ZIP			4.1 TITLE		+			☐ Change	Addition		
				. 2 NAME						_	
NAME					T 4D00F00	.		•	1		
STREET ADDRESS					TADDRESS	<u>'</u>					
CITY-ST-ZIP		☐ DELETE	_	A CITY-S	I-ZIP	1			☐ Change	Addition	
TITLE		I I DELETE	■ 5	5.1 TITLE		1					

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

□ DELETE

☐ Change

☐ Addition