PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000092366**1. Corporation Name

KITCHENS & BATHS BY MICHAEL, INC.

Principal Place	e of Business	Mailing Address				1 18811881 113 123 123 123 123 123 123 123 123 12			
7431 N.W. 23RD STREET		7431 N.W. 23RD STREET							
SUNRISE FL 33313		SUNRISE FL 33313		DO NOT WRITE IN THIS SPACE					
						Date Incorporated or Qualifed	11110 011102		
						10/30/1998			
2 Principal Di	lace of Business	2a. Mailing Address				4. FEI Number		pplied For	
21	ace of Dusiness	26				65-0873911		lot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	· - , t				\$8.75	Additional	
22		27			'	5. Certificate of Status Desired	Fee F	Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current y		_	
24	25	29	30			Personal Property Tax.	XYes	□No	
	9. Name and Address of Current	Registered Agent		- d -		10. Name and Address of New Regis	stered Agent		
AAUT	ONAVOC MICHAEL			81 N	Name				
	ONAKOS, MICHAEL N.W. 23RD STREET		Ţ	82 5	Street Addres	t Address (P.O. Box Number is Not Acceptable)			
SUN	RISE FL 33313			83					
			Ì	84 (City		FL 85 Zip	Code	
44.5		and CO7 1500 Florida Statuta	a tha ah		amad cornor	ration submits this statement for the purp		ts registered	
office or re	egistered agent, or both, in the State o	t Florida. Such change was au	thorized	by the	corporation	n's board of directors. I hereby accept the	appointment as i	registered	
agent Lai	m familiar with, and accept the obligati	ons of Section 607.0505. Flori	da Statu	+					
agont. I di	THE CONTRACT OF THE CONTRACT O			les.					
SIGNATURE					on sture required t	when reinstation)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: I	Registered a		gnature required v		DATE	ORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: I		Agent siç	gnature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE			
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSD ANTONAKOS, MICHAEL	and title if applicable. (NOTE: I	13.	Agent siç			RS AND DIRECT		
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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 open a placement with an address of the corporation of the receiver of 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 open a placement with an address of the corporation of the corporation

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90097 015 ***150.00