AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 15, 1999 8:00 am Secretary of State 07-15-1999 90007 030 \*\*\*150.00

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1999

DOCUMENT #

EXECUTIVE KITCHEN & BATH INC

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| Dringland Diagram  | of Business   |  |  | lailing Address  | <del> </del>   |  |  | $\dashv$       | )  | !! DI 166! 01!!! OI            | ELII <b>Colu</b> r ilesi   | Brill Birch 1                 | SAN 18111 TA | ii ibai  |
| Principal Place of Business<br>2242 SW IMPORT DR.  |   |  |  | 242 SW IMPORT D  | np.  |  |  |                |  |                                |                            |                               |              |  |
| PORT ST. LUCIE FL 34953 PORT ST. LUCIE FL  |   |  |  |  |  |  |  |                |  |                                |                            |                               |              |  |
|  |   |  |  |  |  |  |  |                | D  | O NOT WRIT                     | E IN THIS                  | SPACE                         |              |  |
| (  |   |  |  |  |  |  |  | 3.             | Date incorporated 12/17/1998                   | or Qualified                   |                            |                               |              |  |
| 2. Principal P   | lace of Busin   | ess  | 2a.  | . Mailing Address  | J  |  |  | 4.             | FEI Number                                     |                                |                            | _ [                           | oplied F     | DI   |
| 21   |   |  | 26   |  |  |  |  |                | 6 <i>50-</i> 6                                 | 4-1                            | <u>505</u>                 |                               | tot Applic   |  |
| Suite, Apt.  | #, etc.   |  | L  | Sulte, Apt. #, etc   | G.   |  |  | 5.             | Certificate of Statu                           |                                |                            | \$8.75                        | Addition     | al   |
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| City & State   | θ _   | ~ ~~*  | · <del>-   -  </del>   | City & State   | ٠. وسمي  | * 4  |  | 5:             | _Election.Campaig                              | -                              | Ш                          |                               | May B        | 1  |
| 23   |   | -  | 28   | 7:-  | 7  | Country  |  | +              | Trust Fund Contril                             |                                |                            | Added                         | to Fees      |  |
| Zip  |   | Country  | <u></u> ⊢  | Zīp  | <u> </u>   | -ounu y  |  | 8.             | This corporation o                             |                                | enryear                    | Yes [                         | ] No         | İ  |
| 24   | O Name  | and Address of (   | 29)  | stered Ament   | 30   |  |  | 10.            | Intangible Persons Name and Addre              |                                | egistered .                |                               |              |  |
| <u> </u>   | J. Haine  | and Address or   | Juneau Kaga  | sterou Agent   |  | 81   | Name   |                |  |                                |                            |                               |              |  |
| BO   | MMARITO,  | JOHN P   |  | ,  |  |  |  |                |  |                                |                            |                               |              | <u></u>  |
| 224  | 2 SW IMPO   | ORT DR.  |  |  |  | 82   | Street A   | Address (P     | P.O. Box Number is                             | Not Accepta                    | ble)                       |                               |              | <b>[</b>   |
| POF  | rt st. Luc  | IE FL 34953  |  |  |  | 83   |  |                |  |                                |                            |                               |              |  |
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| j  |   |  |  |  |  | 84   | City   |                |  |                                | FL                         | 85   Zip                      | Code         | ļ  |
|  |   |  |  |  |  |  |  |                |  |                                |                            |                               | anietorez    |  |
| 11. Pursuant   | to the provis   | ions of sections 60  | 7.0502 and 6   | 07.1508. Florida S   | Statutes, the  | above-   | named co   | orporationi    | suomits this statem                            | ent for the pu                 | irpose of ch               | anging its i                  | eAista ar    | : i  |
| Office or  |   | sent or both in the  | State of Flori   | 07.1508, Florida S<br>ida. Such change   | WAS BUILDING   | יעם מסבר   | THE COURS  | orporation's b | submits this statem<br>loard of directors, I i | ent for the pu<br>hereby accep | rpose of ch<br>t the appoi | anging its<br>niment as i     | egistered    | ;  |
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Thereby centry mat the information supplied with this filing does not qualify for the exemption stated in section 119.07(3/t), Fronce Statutes. Further centry may the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cett; 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 appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: