FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:48

DOCUMENT # S05971 (4)

1. Corporation Name
KITCHENS BY DESIGN, INC.

Principal Place of Business	Mailing Address
1114 WHITE STREET KEY WEST FL 33040	1114 WHITE STREET KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3229 FLAGLER AVE	26 3229 Flagler Ave
22 Suite, Apt. #, etc: 110	27 Suite, Apt. #, etc: 110
23 City & State: KEY WEST FL	28 City & State: KEY WEST FL
24 Zip: 33040 25 County: Monroe	29 Zip: 33040 30 County: Monroe

4. FEI Number: 65-0217423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, LESSER
1114 WHITE STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: SCOTT LESSER
82 Street Address (P.O. Box Number is Not Acceptable): 3229 Flagler AVE #110
83
84 City: KEY WEST FL 85 Zip Code: 33040

11. 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: _____ DATE
(Signature of Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	LESSER, SCOTT	12 NAME	SCOTT LESSER	
STREET ADDRESS	1114 WHITE STREET	13 STREET ADDRESS	3229 FLAGLER AVE	
CITY ST ZIP	KEY WEST FL	14 CITY ST ZIP	KEY WEST FL. 33040	
TITLE	V	21 TITLE	S	☒ Change ☐ Addition
NAME	LESSER, TAMI	22 NAME	TAMI LESSER	
STREET ADDRESS	1114 WHITE ST	23 STREET ADDRESS	3229 FLAGLER AVE	
CITY ST ZIP	KEY WEST FL	24 CITY ST ZIP	KEY WEST, FL. 33040	
TITLE	S	31 TITLE	V	☒ Change ☐ Addition
NAME	JOSEPH WILTSEY	32 NAME	Joseph Wiltsey	
STREET ADDRESS	1114 WHITE ST	33 STREET ADDRESS	3229 FLAGLER AVE	
CITY ST ZIP	KEY WEST FL	34 CITY ST ZIP	KEY WEST FL. 33040	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: TAMI LESSER 5/10/95 305 292-1685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100393 CP