

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 19 PM 12: 14

**DOCUMENT # S73122**

**(1)**

1. Corporation Name

**TOP DRAWER CABINETRY, INC.**

Principal Place of Business

**6500 S KANNER HWY  
STUART FL 34997**

Mailing Address

**6500 S KANNER HWY  
STUART FL 34997**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**08/12/1991**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
**65-0280971**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

5. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORACE, ROBERT VINCENT  
4064 DIXIE ROSS RD  
STUART FL 34997**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
MORACE, ROBERT VINCENT  
6500 S. KANNER HWY./4064 DIXIE ROSS RD.  
STUART FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**VP  
DAVID J. LUISI  
7437 SE JAMESTOWN TER.  
Hobe Sound FL 33455**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
FICHERA, JENNIFER  
4064 DIXIE ROSS RD  
STUART FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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:

**Robert Morace**  
PRINTED NAME AND SIGNED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/12/95**

Date

**407-220-8600**

Telephone (Area #)