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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V10281** (6)
1. Corporation Name
CABINETS BY EDCO, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
~~7735 N.W. 79TH AVENUE~~ ~~7735 N.W. 79TH AVENUE~~
~~#115~~ ~~#115~~
~~TAMARAC FL 33321~~ ~~TAMARAC FL 33321~~

3. Date Incorporated or Qualified **01/28/1992** 3a. Date of Last Report **01/27/1994**
4. FEI Number **65-0311204** 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **1738 W. OAKLAND PARK BLVD.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
23 **FT. LAUDERDALE, FL** 28
Zip Country Zip Country
24 **33311** 25 **BROWARD** 29 30

9. Name and Address of Current Registered Agent
GELBAND, EDWARD
~~7735 N.W. 79TH AVENUE~~
~~#115~~
~~TAMARAC FL 33321~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1738 W. OAKLAND PARK BLVD.**
83
84 City **FT. LAUDERDALE** FL 85 Zip Code **33311**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	GELBAND, EDWARD	1.2 NAME	
STREET ADDRESS	7735 N.W. 79TH AVE #115	1.3 STREET ADDRESS	1738 W. OAKLAND PARK BLVD
CITY, ST, ZIP	TAMARAC FL	1.4 CITY, ST, ZIP	FT. LAUDERDALE, FL 33311
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	GELBAND, FLORENCE	2.2 NAME	
STREET ADDRESS	7735 N.W. 79TH AVE #115	2.3 STREET ADDRESS	1738 W. OAKLAND PARK BLVD.
CITY, ST, ZIP	TAMARAC FL	2.4 CITY, ST, ZIP	FT. LAUDERDALE, FL 33311
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(k), Florida Statutes. I further certify that the information indicated on this renewal 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:

Florence Gelband V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 305 484-4224
Date Captain/Share #