


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90006 023 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 127474</b> 1. Corporation Name <b>DAVES Custom Cabinetry INC</b>			
Principal Place of Business <b>1022 NE 43rd COURT</b> <b>DAKLAND PARK, FLORIDA 33334</b>		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>4/9/92</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0328755</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DAVID HENCH</b> <b>1508 NE 30th COURT</b> <b>DAKLAND PARK, FLORIDA 33334</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code <b>FL</b>
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. <b>Signature: [Signature]</b> <b>7/20/99</b>			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	2.1 TITLE	2.2 NAME
1.1 TITLE	1.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	3.1 TITLE	3.2 NAME
1.1 TITLE	1.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	4.1 TITLE	4.2 NAME
1.1 TITLE	1.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	5.1 TITLE	5.2 NAME
1.1 TITLE	1.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
1.1 TITLE	1.2 NAME	6.1 TITLE	6.2 NAME
1.1 TITLE	1.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/20/99** Daytime Phone #

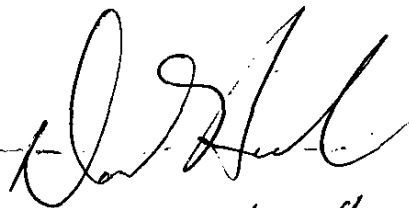
CR2E034 (11/98)

DAVE'S CUSTOM CABINETS  
1022 NE 43 COURT  
OAKLAND PARK, FL 33334

7/20/99  
597186-90006-23  
V27474

TO WHOM IT MAY CONCERN,

MY ACCOUNTANT INFORMED ME THAT I  
DIDN'T PAY MY FILING FEE TO THE STATE.  
I DOUBLE CHECKED ALL TAX RELATED PAPERS  
AND I COULD NOT FIND A FORM BECAUSE  
THE PREVIOUS YEAR WE FOUND THAT YOUR  
OFFICE HAD A WRONG ADDRESS. SO I THOUGHT  
SOMETHING MIGHT OF HAPPEN AGAIN,  
THE GENTLEMEN TOLD ME TO WRITE A  
NOTE ALONG WITH THE FORM & A CHECK  
AND SEND IT ASAP. THANK YOU VERY  
MUCH FOR HANDLING THIS MATTER



President: DAVID HEWITT