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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V27608

(1)

Mailing Address

DISTINCTIVE CABINETRY, INC.

FILED

May 13 1997 8:00am

Secretary of State

2022 80. 51ST. STREET TAMPA FL 33819 US		2022 SO. 51ST STREET TAMPA FL 33619-5330 US				
					3. Date Incorporated or Qualified 04/08/1992	3a. Date of Last Report 08/06/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3122426	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Statos Desired	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Cour	itry	8. This corporation has liability for in	langible tax under s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		30	Florida Statutes 🔀 Yes 🗌 No		
	· · · · · · · · · · · · · · · · · · ·	ent Registered Agent		221772	10. Name and Address of New Reg	istered Agent
MAHDER, RAYMOND A.				B1 Name		
	LEENA AVENUE		82 Street Add		dress (P.O. Box Number is Not Acceptabl	c)
SEFI	FNER FL 33584				TO BOTTOM - BUTCH IN AND A CO.	
				B3		
				B4 City		FL 85 Zip Codo
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change :	was authorized	hy the corners	rporation submits this statement for the pu ation's board of directors. I hereby accept	rnose of changing its registered
SIGNATURE	·					
12.	Signature, typed or printed name of registered agent and life if applicable. (NOII : flegistere: OFFICERS AND DIRECTORS 13.		Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
TITLE	P	DELET			ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MALINEN DAVAIOND A		1,2 NA			E onlings E Addition
STREET ADDRESS	1201 LEENA AVENUE			EE1 ADDRESS		1
CITY-ST-ZIP	SEFFNER FL		1.4 CITY - \$			
TITLE	The state of the s				PROPERTY -	Change Addition
NAME	MAHDER, PAMELA L		2 2 NAME			C overige C vicention
STREET ADDRESS	1201 LENNA AVE		2.3 STREE			i
CITY-ST-ZIP	SEFFNER FL					i
TITLE				Y-\$1-7IP		Change Addition
NAME	MALINED DECRIL		3.2 NA			
STREET ADDRESS	1221 LAKESIDE DR		l	EE1 ADDRESS		Į.
CITY-ST-ZIP	BRANDON FL			Y- \$1- ZI P		
TITLE		☐ DELET		******	······································	Change Addition
NAME			4. 2 N/	ME I		
STREET ADDRESS				EET ADDRESS		1
CITY-ST-ZIP			4.4 CIT	Y - S1 - ZIP		1
TITLE			E 5.1 TII	F		Change Addition
NAME			5.2 NA	AE		· ·
STREET ADORESS			5.3 ST	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELET				Change Addition
NAME			6.2 NA	и с		
STREET ADDRESS			6.3 \$16	EL1 ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-S1-ZIP		

14. I do 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 it 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 in an attachment with an address.

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11/20/02 21/20/20