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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V27608

(1)

DISTINCTIVE CABINETRY, INC.

**FILED** Apr 22 1998 8:00am Secretary of State

|--|

Principal Place	Mailing Address			T EBBIT BITOTO TION TO BE BITTLE BITT		
2022 SO. 51ST. STREET TAMPA FL 33619 US		2022 SC. 51ST STREET TAMPA FL 33619 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					04/08/1992	
	ace of Business	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2a. Mailing Address		4. FEI Number Applied For Not Applicable	
Suite, Apt.	# atc	Suite, Apt #, etc.			SR 75 Additional	
22	, <b>5</b> (0.	27	h		5. Certificate of Status Desired Fee Required	
City & State		· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
Zip			Countr	y	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. 2 Yes No	
	<ul> <li>Name and Address of Curre</li> </ul>	ent Registered Agent		1	10. Name and Address of New Registered Agent	
MAH	IDER, RAYMOND A.		8	Name		
1201 LEENA AVENUE			8:	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
SEFFNER FL 33584			6:			
			6	'		
			B4	City	FL 85 Zip Code	
44 Dureusot t	o the provisions of Spetians 607 05	.02 and 607 1508 Florida Statute	es the abo	e-named co	corporation submits this statement for the purpose of changing its registered	
I office or re	e <b>diste</b> red agent, or both, in the Stat	le of Florida. Such change was a	uthorized t	v the corpo	pration's board of directors. I hereby accept the appointment as registered	
agent. I am familiar fith, and accepting obligations of Section 607.0505, Florida Statutes.						
SIGNATURE .	Standard # //	protand the diapplicable (NOTE			equired when reinstating) DATE	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition	
NAME	MAHDER, RAYMOND A.		1.2 NAME		;	
STREET ADDRESS	1201 LEENA AVENUE			1 ADDRESS		
CITY-ST-ZIP	SEFFNER FL	DELETE	1.4 CITY	\$T-ZIP	Change Addition	
TITLE	V	L.J DECEIE	2.1 TITLE		C Clarific Z Advitori	
NAME	MAHDER, PAMELA L 1201 LENNA AVE		2.2 NAME	1 ADDRESS		
STREET ADDRESS	SEFFNER FL		2.4 CITY	1	;	
CITY-ST-ZIP	R SEFFICEN FL	DELETE	3.1 1111.6		Change Addition	
NAME	MAHDER, DEBBIL	_	3.2 NAME	10	Mahder, Debote L.	
STREET ADDRESS	1221 LAKESIDE DR		3.3 STRE	1 ADDRESS	Mahder, Debbie L. A Change L. Addition 15420 Livingston Avenue #2905 Lutz, FL 33549	
CITY-ST-ZIP	BRANDON FL		3 4. CITY	- S1 - ZIP	Lut=, FL 33549	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	<u> </u>		
STREET ADDRESS			4.3 STRE	T ADDRESS	;	
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CiTY 6.1 Title		Change Addition	
TITLE		□ ptrri¢	62 NAMI		Orango Notificat	
NAME CTRECT ANDRESS			•	T ADDRESS		
STREET ADDRESS			64 CITY			
CITY-ST-ZIP			0.4 0111	OL-TIL		

14. I hereby certify that the information supplied with this filing does not quality 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.