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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V45383** **(9)**

1. Corporation Name
DIXIE CABINET SUPPLY, INC.

Principal Place of Business
50 NE DIXIE HWY
E-1
STUART FL 34994
US

Mailing Address
50 NE DIXIE HIGHWAY
STE E-1
STUART FL 34994-1874
US

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 50 NE DIXIE Hwy
Suite, Apt. #, etc.
22 E 1
City & State
23 Stuart FL
Zip 24 34994 Country 25 US

2a. Mailing Address
26 Same as # 2
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0333693 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KLEIN, GEORGE
50 NE DIXIE HWY
STE E-1
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name Klein, George
82 Street Address (P.O. Box Number is Not Acceptable) 50 NE Dixie Hwy
83 Suite E-1
84 City Stuart FL 85 Zip Code 34994

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 NO CHANGE 7/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KLEIN, GEORGE	
STREET ADDRESS	4503 SE BEAVER LANE	
CITY-ST-ZIP	STUART FL	
TITLE	VP	☐ DELETE
NAME	KLEIN, CHRISTINE	
STREET ADDRESS	17N181 OAK GROVE DR.	
CITY-ST-ZIP	HAMPSHIRE IL	
TITLE	S	☐ DELETE
NAME	KLEIN, LISA	
STREET ADDRESS	828 ADAMS ST.	
CITY-ST-ZIP	ELGIN IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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:

CR2E034 (9/96)