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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

CREATIVE CABINET FRONTS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i sooni esinit ehink esini bason iditi defin dedit alah bidit esini didit esini didit	
120 STOCKTON ST 120 STOCKTON ST						
JACKSONVILLE FL 32204		JACKSONVILLE FL 32204				
US		US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/19/1992	
2. Principal Place of Business		2a. Mailing Address	2a, Mailing Address		4, FEI Number	Applied For
21		26		59-3127560	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	· — ·		8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registere	d Agent
	ATHINGTON, WILLIS		81	Name		
120 STOCKTON ST JACKSONVILLE FL 32204			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			L_			
			83	1		
			84	City		BE Zin Code
			-	City	F	L 85 Zip Code
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 priviled name of registered agent and take diagraticable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	AD DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE		NO STREET AND A STREET AND ASSESSMENT ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASS	Change Addition
NAME	WEATHINGTON, WILLIS		1.2 NAME			
STREET ADDRESS	120 STOCKTON ST		1.3 STREE	T ADDRESS]
CITY-ST-ZIP	JACKSONVILLE FL 32204		14 C/TY-	i		
TITLE			21 TITLE	<u> </u>		☐ Change ☐ Addition
NAME			22 NAME			
STREET ADDRESS			4	T ADDRESS		
CITY-S1-ZIP			2. 4 CITY-			
TITLE	☐ DELETE		3.1 TITLE	VI EII		☐ Change ☐ Addition
NAME		_	3.2 NAME			
STREET ADORESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE	51-4ff		Change Addition
NAME		<u> </u>	4. 2 NAME			The second of the second of
STREET ADDRESS				T ADDRESS		Į
CITY-ST-ZIP			1			
TITLE		DELETE	4.4 CITY - 5.1 TITLE	51-214		Change Addition
NAME		the second	5.2 NAME			C Supura C Working
STREET ADDRESS				r Abborce		
CITY-ST-ZIP				ADDRESS		
TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	31- CIP		Change Addition
- 1		- Ottile				The custoffs The World (10)
NAME SERVET ADDRESS			6.2 NAME			
STREET ADORESS				ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

14. Thereby 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.