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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47461

(1)

ISLAMORADA CABINET & WOODWORK, INC.

FILED
Apr 30 1997 8:00am
Secretary of State

ļ	Principal Place of Business Malling Address						- 1 100 M BHINN OTHER COOK HINGS BIRDS THE BUILT DIGHT BUILT BIRTH BUILT HILLS HOUSE			
	99411 OVERSEA	AS HWY	99411 OVERSEAS	HWY						
	BOX 8		BOX 8							
	Key Largo Fl   Us	. 33037	KEY LARGO FL 33	KEY LARGO FL 33037-0008			3. Date Incorporated or Qualified	3a. Da	te of Last R	enori
	03		UO			06/26/1992	/04/1996			
	2. Principal Pl	lace of Business	2a. Mailing Addre	e\$S			4. FEI Number			plied For
	21		26				65-0347628		No	1 Applicable
	Suite, Apt.	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75	Additional
	22		27				5. Certificate of Status Desired		Fee Re	quired
	City & State	9	City & State				6. Election Campaign Financing		\$5.00	
	23		28				Trust Fund Contribution		Added 1	
	Zip	Country	Zip	<del></del>	intry	ı	8. This corporation has liability for			. 199.032,
	24	25	29	30	T		Florida Statutes 2  10. Name and Address of New Re		No	
		9. Name and Address of Curr	eni Kegistered Agent		81	Name	TO, Hallie BING Address of New Ne	Aistolan :	-your	
	TKACS, SCOTT									·
	200 INDUSTRIAL DR-OVERSEAS HWY					Street Add	ress (P.O. Box Number is Not Acceptat	le)		
	ISLA	Morada Fl 33038			83					
	1				84	City		FL	<b>85</b> Zip (	Code
	11 Purement	to the regulations of Sections 607.0	502 and 607 1508 Florid	a Statutes, the a	hove	e-named corr	poration submits this statement for the r	urpose of	changing it	s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida. Such change was authorized agent. It am familiar with, and accept the obligations of, Section 607.0505, Florida State.						the corpora	tion's board of directors. I hereby accept	ot the app	ointment as	registered
	1	ni fare liar with, and accept the ob-	rigations of, Section 607.	oooo, Fionida Sta	tutes	<b>S</b> .				
	SIGNATURE	Signature: typed or printed name of registered a	agent and title diapplicable	(NOTE: Registere	d Ape	eni signature requ	fred when reinstating)	DATE		
	12.		AND DIRECTORS	13.		- F	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	IS IN 12
	301.6	PTD	☐ DELETE 1.11						Change	Addition
	NAME	TKACS, SCOTT		1.2 N	AME					
	STREET ADDRESS	200 Industrial Dr		1.3 S	TREET	ADDRESS				
	CITY: ST: ZIF	ISLAMORADA FL			πγ-S	T-ZIP			·	
	TIFLE	V	☐ DELETE 21						Change	Addition
	NAME	TKACS, CHARMAINE		22 N	AME	1				
	STREET ADDRESS	200 INDUSTRIAL DR				ADORESS				
	CHY-SI-Zi <sup>c</sup>	ISLAMORADA FL				ST-ZIP		·	[ ] Ob	Audica -
	TITLE	\$	□ DE					-	Change	Addition
	NAME	SUMMERS, JOHN		32 N						
	STREET ADDRESS	200 INDUSTRIAL DR				ADDRESS				
	CITY-SI-ZIP	ISLAMORADA FL	□ DE			ST-ZIP			Change	Addition
	1111.E		□ UE						Li change	First Montholl
	NAME				NAME					
	STREET ADDRESS					ADDRESS				
	CITY-S1-ZIP		[ DE			ST~ZIP			Change	Addition
	TITLE NAMIL		ال ال	5.1 t					-1 comito	Land Floorwood
	STREET ADDRESS					ADDRESS				
	1 O DECLIADURGOS	ı		<b>■</b> 3.3 3	THE	MULDO				

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, exon an attachment with an address.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CHTY - ST - ZIP

STREET ADDRESS

CITY - S1 - 7IP

TITLE NAME

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-24-97

451 9369 Daytime Phone #

Change

Addition