


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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # V56584 (8)</b> 1. Corporation Name <b>ALPINE CUSTOM CABINETRY, INC.</b>		

Principal Place of Business <b>41908 DAIRY CT. PORT ORANGE FL 32127</b>	Mailing Address <b>41908 DAIRY CT. PORT ORANGE FL 32127</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3234 Vail View Dr.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3234 Vail View Dr.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/06/1992</b>
22 City & State 23 <b>Daytona Beach, FL</b> Zip Country		27 City & State 28 <b>Daytona Beach, FL</b> Zip Country		4. FEI Number <b>59-3139836</b> Applied For Not Applicable
24 <b>32124</b>		25 <b>32124</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
26 <b>32124</b>		27 <b>32124</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
28 <b>32124</b>		29 <b>32124</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>KOSUCH, ALDO 41908 DAIRY CT. PORT ORANGE FL 32127</b>		10. Name and Address of New Registered Agent 81 Name <b>Gloria Kosuch</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3234 Vail View Dr.</b> 83 84 City <b>Daytona Beach</b> FL 85 Zip Code <b>32124</b>	
---	--	--	--

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 *Gloria Kosuch* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSUCH, ALDO</b>	1.2 NAME	
STREET ADDRESS	<b>3234 VAIL VIEW DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSUCH, GLORIA</b>	2.2 NAME	
STREET ADDRESS	<b>3234 VAIL VIEW DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Gloria Kosuch* **GLORIA KOSUCH** 4/28/98 904-752-7092

CR2E034 (10/97)