

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sally B. McLean  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H88674** (7)

1. Corporation Name  
**THE CABINET CORNER, INC.**



Principal Place of Business: **426 WEST BAY DRIVE LARGO FL 34640**  
Mailing Address: **426 WEST BAY DRIVE LARGO FL 34640**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

3. Date Incorporated or Qualified: **12/09/1985**  
3a. Date of Last Report: **04/17/1995**  
4. FID Number: **59-2638801**  
5. Certificate of Status Required:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing / Trust Funds 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  
**TEREPKA, ROY  
426 WEST BAY DRIVE  
LARGO FL 34640**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 612.002 and 612.1504, Florida Statute, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Sections 612.002 and 612.1504, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)

TITLE	D	[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME	TEREPKA, EDWARD		NAME		
STREET ADDRESS	426 W. BAY DRIVE		STREET ADDRESS		
CITY, ST, ZIP	LARGO FL		CITY, ST, ZIP		
TITLE	D	[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME	TEREPKA, CLARICE		NAME		
STREET ADDRESS	426 W. BAY DRIVE		STREET ADDRESS		
CITY, ST, ZIP	LARGO FL		CITY, ST, ZIP		
TITLE	STD	[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME	TEREPKA, JANICE		NAME		
STREET ADDRESS	426 W BAY DR		STREET ADDRESS		
CITY, ST, ZIP	LARGO FL		CITY, ST, ZIP		
TITLE	PD	[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME	TEREPKA, ROY		NAME		
STREET ADDRESS	426 W. BAY DRIVE		STREET ADDRESS		
CITY, ST, ZIP	LARGO FL		CITY, ST, ZIP		
TITLE	D	[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME	TEREPKA, STEVE		NAME		
STREET ADDRESS	426 W BAY DR		STREET ADDRESS		
CITY, ST, ZIP	LARGO FL		CITY, ST, ZIP		
TITLE		[ ] DELETE	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		

14. I do hereby certify that the information supplied on this filing is true, correct and does not conflict with the existing state law. Section 118.07(1)(k), 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. I am an officer or director of the corporation being reported on, unless designated otherwise. For request and inquiries by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or is a conflict with any other law.

SIGNATURE: *Janice M. Terepka* Janice M. Terepka 4-10-96 813-585-3103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)