

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

FILED

**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33770-3326
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3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2638801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TEREPKA, EDWARD	
STREET ADDRESS	426 W. BAY DRIVE	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEREPKA, CLARICE	
STREET ADDRESS	426 W. BAY DRIVE	
CITY - ST - ZIP	LARGO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TEREPKA, JANICE	
STREET ADDRESS	426 W BAY DR	
CITY - ST - ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEREPKA, ROY	
STREET ADDRESS	426 W. BAY DRIVE	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEREPKA, STEVE	
STREET ADDRESS	426 W BAY DR	
CITY - ST - ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janice M. Terepka* **Janice M. Terepka** 1-10-97 813-585-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)