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 # P95000093850 (2)

PARE'S CUSTOM CABINETS, INC.

Principal Place of Business
8701 S PHILLIPS HWY, SUITE 338

Mailing Address

8701 S PHILLIPS HWY, SUITE 338 JACKSONVILLE FL 32256-1230

FILED Apr 10 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified	3a. Dat	e of Last	t neport
9 na al al	Diagram	2a Malion A	ldroop	·		01/01/1996 4. FEI Number	<u> </u>		A Y I F'
·····າ	Place of Business	}	28. Mailing Address						Applied For Not Applicable
21] Suite Ap	t # elc	26 Suite, Apt	# etc			37-350-37/			
22	". P. GO.	27	իուղ ՝			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & St	ate	City & Stat	le			6. Election Campaign Financing		\$5.0	O May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Ζιρ	Country	Zip	1	Country		8. This corporation has liability for in			r s. 199.032,
24	[25]	29	30	<u> </u>				No	
	9. Name and Address of Cu	irrent Registered Agen	it	81	Name	10. Name and Address of New Reg	istered A	gent	
	ARE, GERARD W JR			61	Name				
	701 S PHILLIPS HWY, SUITE 3	138		82	Street Ad	dress (P.O. Box Number is Not Acceptable	le)		
J/	ACKSONVILLE FL 32256			-					
				83					
				84	City			85 Z	p Code
						orporation submits this statement for the pi	FL		
SIGNATURE	Stgr at my typed or parter name of registere		(NOTE: F		int signature req	quired when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
THE	PD	L	DELETE	11 TITLE			l	Chang	e 🔲 Addition
NAME	PARE, GERARD W JR			1.2 NAME	ľ				
STHEET ADDRESS		UITE 338		1.3 STREET	ADDRESS				
STREET ADDRESS Offy-ST-ZIP	8701 S PHILLIPS HWY, SI JACKSONVILLE FL 32256			1.3 STREET 1.4 CHY-S					
			DELETE	1.4 CHTY - S 2.1 TITLE		4117		Chang	e Addition
Ciffy-51_ZiP			DELETE	1.4 CHY-S 2.1 TITLE 2.2 NAME	T-ZIP	aller and the second se	· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
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4. I do hereby certily 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 chapter, or on an attachment with an address.

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

8/11/97 Date 0 904-731-9/48 Daytime Phone 4

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