

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **559735**  
1. Corporation Name  
**CABINET DEPOT OF PALM BEACH, INC.**

Principal Place of Business Mailing Address  
**1520 INDUSTRIAL AVE. 1520 INDUSTRIAL AVE.**  
**EDGEWATER, FL. 32132 EDGEWATER, FL. 32132**  
**U.S. U.S.**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/12/91</b>	<b>04/29/93</b>
4. FEI Number	Applied For
<b>65-0265595</b>	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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

**HEDDEN KENNETH**  
**4030 LEJUNE AVE.**  
**TITUSVILLE, FL. 32780**

10. Name and Address of New Registered Agent

81 Name	<b>HEDDEN KENNETH</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4030 LEJUNE AVENUE</b>	
83		
84 City	<b>FL</b>	85 Zip Code <b>32780</b>
<b>TITUSVILLE,</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 *HEDDEN KENNETH D/P*  
Signature, typed or printed name of registered agent and the corporation

*Kenneth Hedden*  
Signature, typed or printed name of registered agent and the corporation

**03-25-96**  
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/P HEDDEN KENNETH</b>	1.2 NAME	
STREET ADDRESS	<b>4030 LEJUNE AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FL. 32780</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V/P HEDDEN GLEN</b>	2.2 NAME	
STREET ADDRESS	<b>4030 LEJUNE RD. AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FL. 32780</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S/T EIDSON DELORES</b>	3.2 NAME	
STREET ADDRESS	<b>4845 WORTH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE, FL. 32780</b>	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	

**300001767553**  
**-04/03/96--01013--026**  Change  Addition  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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; 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: *Edison Delores Eidson* **Edison Delores Eidson** **03/25/96** **904-426-2999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

*Edison Delores Eidson*  
**4-2-96**