

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northon  
Secretary of State  
Division of CORPORATIONS

DOCUMENT # **H20113** (7)

1. Corporation Name  
**MARTINCAVAGE BROKERAGE, CORP.**

APPROVED  
AND  
FILED

95 MAY -1 AM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **1200 S. FEDERAL HWY. STE 1-201A BOYNTON BEACH FL 33435**  
Mailing Address: **1200 S. FEDERAL HWY. STE 1-201A BOYNTON BEACH FL 33435**

3. Date incorporated or Qualified: **09/10/1984** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-2442617** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for information fees under Florida Statute:  Yes  No

2. Principal Place of Business: 21 State Apt # or: 22 City & State: 23  
2a. Mailing Address: 25 State Apt # or: 27 City & State: 28  
24 City: 25 State: 29 City: 30 State:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINCAVAGE, JANICE  
1200 S. FEDERAL HWY.  
SUITE 1-301A  
BOYNTON BEACH FL 33435**

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

11. Pursuant to the provisions of Sections 607.0105 and 607.0108, 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 Sections 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

OFFICER	<b>PVS</b>
NAME	<b>MARTINCAVAGE, JANICE A</b>
STREET ADDRESS	<b>1200 S FED HWY 1-201A</b>
CITY & STATE	<b>BOYNTON BEACH FL</b>
OFFICER	<b>TD</b>
NAME	<b>MARTINCAVAGE, JANICE A</b>
STREET ADDRESS	<b>1200 S FED HWY 1-201A</b>
CITY & STATE	<b>BOYNTON BEACH FL</b>
OFFICER	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

OFFICER	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2. STREET ADDRESS	
CITY & STATE	3. CITY & STATE	
OFFICER	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5. STREET ADDRESS	
CITY & STATE	6. CITY & STATE	
OFFICER	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8. STREET ADDRESS	
CITY & STATE	9. CITY & STATE	
OFFICER	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11. STREET ADDRESS	
CITY & STATE	12. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Sections 607.0105, Florida Statutes. I further certify that the information made available on this annual report, or supplemental annual report, if any, are true and complete and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered office agent authorized to provide this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this block. I am a resident of \_\_\_\_\_ and my home address is \_\_\_\_\_.

SIGNATURE:

*Janice A. MartinCavage*  
SIGNATURE AND TYPE IN PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
*Janice A. MartinCavage*

4/28/95 (407) 736-2988

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

APPROVED  
AND  
FILED

DOCUMENT # **H21475** (9)

1. Corporation Name  
**CREATIVE CUSTOM CLOSETS, INC.**

Principal Place of Business Mailing Address  
**2239 15 ST. SUITE A SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1984** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2467986** Applied For  Not Applicable

21. Suite Apt # etc 26. Suite Apt # etc

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. City & State 28. City & State

6. This corporation has money for exchange with other Florida Statutes  Yes  No

24. 25. 29. 30.

**9. Name and Address of Current Registered Agent**

**SMITH, WAYNE  
1118 MALLORCA DR.  
BRADENTON FL 33529**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.06 and 607.1904, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent or both in the State of Florida, as set forth above, 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 Sections 607.06 and 607.1904, Florida Statutes.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

OFFICER	DP
NAME	PINTO, MARK J., SR.
STREET ADDRESS	2239 15TH ST SUITE A
CITY & STATE	SARASOTA FL
OFFICER	V
NAME	PINTO, KATHLEEN
STREET ADDRESS	2239 15TH ST SUITE A
CITY & STATE	SARASOTA FL
OFFICER	S
NAME	PINTO, NOELLE
STREET ADDRESS	2239 15TH ST SUITE A
CITY & STATE	SARASOTA FL
OFFICER	T
NAME	PINTO, MARK J. JR.
STREET ADDRESS	2239 15TH ST SUITE A
CITY & STATE	SARASOTA FL
OFFICER	
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	
NAME	
STREET ADDRESS	
CITY & STATE	

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS**

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY & STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY & STATE	

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 607.06(1)(b) Florida Statutes. I do hereby certify that the information included 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 in the state that I am an officer or director of the corporation or the recipient of these documents. I do hereby certify that the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

*Mark J. Pinto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

813-853-3622

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1995



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

APPROVED  
AND  
FILED

DOCUMENT # **H21518** (6)

1. Corporation Name

**COLLIER MANAGEMENT COMPANY, INC.**

3:50

STATE  
FLORIDA

Principal Place of Business

C/O DENNIS S. GOLD, ESQUIRE  
2335 TAMiami TRAIL NORTH, SUITE 301  
NAPLES FL 33940

Mailing Address

C/O DENNIS S. GOLD, ESQUIRE  
2335 TAMiami TRAIL NORTH, SUITE 301  
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1984**  
3a. Date of Last Report: **04/27/1994**

21. Principal Place of Business

State Apt # etc

City & State

Zip Country

28. Mailing Address

State Apt # etc

City & State

Zip Country

4. FEI Number: **59-2446220**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under S 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**GOLD, DENNIS S., ESQUIRE  
2335 TAMiami TRAIL NORTH  
SUITE 301  
NAPLES FL 33940**

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 607.011(2) and 607.012, Florida Statutes, the above named corporation admits 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.012, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12a	DP
NAME	<b>GRESSER, M.C.</b>
STREET ADDRESS	<b>2335 TAMiami TRAIL N #301</b>
CITY & STATE	<b>NAPLES FL 33940</b>
12b	D
NAME	<b>GRESSER, JOAN</b>
STREET ADDRESS	<b>2335 TAMiami TRAIL N #301</b>
CITY & STATE	<b>NAPLES FL 33940</b>
12c	
NAME	
STREET ADDRESS	
CITY & STATE	
12d	
NAME	
STREET ADDRESS	
CITY & STATE	
12e	
NAME	
STREET ADDRESS	
CITY & STATE	
12f	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS CHANGES, DELETIONS, AND OTHER COMMENTS

13a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13c	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13d	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13g	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13h	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.011(2)(b), Florida Statutes. The filer certifies that the information indicated on the 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 this certificate is a disclosure of the corporation's financial information to the public as required by Chapter 607, Florida Statutes, and that my name appears on the back of the check for the filing fee, if any, transmitted with an address.

SIGNATURE: *M.C. Gresser*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
**M.C. Gresser**

4-26-95