Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90102 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M76673

1. Corporation Name

CLOSET TAMERS, INC.

5 COBBLESTONE TRAIL ORMOND BCH FL 32174

	•				
Principal Place of Business	Mailing Address			. 4(8), 6)4), 614(8;8), 215(; 104)	
1130 S NOVA RD ORMOND BEACH FL 32174	1130 S NOVA RD ORMOND BEACH FL 32174		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
	`	,	04/15/1988		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0088621	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Cour 29 30	ntry	This corporation owes the current year Personal Property Tax.	Intangible XYes []No	
	of Current Registered Agent	10. Name and Address of New Registered Agent			
ERBE, SHERRY A.	,	81 Name	(D.C. D. M. wheelie Net Assemble)	· ·····	

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, and accept the obligations of Section 607.0505. Florida Statutes

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City

Street Address (P.O. Box Number is Not Acceptable)

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE						
12.			ADDITIONS/CHANGES TO OFFICERS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	VD □ DELETE	1.1 TITLE		Change	☐ Addition				
NAME	ERBE, JR., JOSEPH B.	1.2 NAME							
STREET ADDRESS	5 COBBLESTONE TRAIL	1.3 STREET ADDRESS							
CITY-ST-ZIP	ORMOND BEACH FL	1.4 C/TY+ST+ZIP							
TITLE	PD DELETE	2.1 TITLE		☐ Change	☐ Addition				
NAME	ERBE, SHERRY A.	2.2 NAME							
STREET ADDRESS	5 COBBLESTONE TRAIL	2.3 STREET ADDRESS							
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP							
TITLE	□ DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME		3.2 NAME	ँ. उ	-					
STREET ADDRESS		3.3 STREET ADDRESS			1				
CITY-ST-ZIP		3.4. CITY+ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME		4. 2 NAME			•				
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CMY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		Change	Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
C/TY-ST-ZIP		6.4 CITY-ST-ZIP							

14. I 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, with all other like empowered.

SIGNATURE:

Zip Code