

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M95331**

(8)

1. Corporation Name

JOR-DAN CUSTOM CLOSETS, INC.



Principal Place of Business

**% DANIEL FREEDLAND
205 U.S. HIGHWAY 1
JUNO BEACH FL 33408**

Mailing Address

**% DANIEL FREEDLAND
205 U.S. HIGHWAY 1
JUNO BEACH FL 33408**

2. Principal Place of Business

2a. Mailing Address

21 **13205 U.S. Highway 1**

26 **13205 U.S. Highway 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**FREEDLAND, DANIEL
205 U.S. HIGHWAY 1
STE 111
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified

08/19/1988

3a. Date of Last Report

03/09/1995

4. FEI Number

65-0057439

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. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

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 607.0502 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

Signature of person submitting report and attaching fee

Signature of person accepting appointment as agent

PSA

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

12 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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46 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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:

Daniel S. Freedland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

407-694-8611
TELEPHONE NUMBER

CR2E034 (12/95)