Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90157 015 ***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 # M95331

1. Corporation Name

JOR-DA	AN CUSTOM CLOSETS, IN	IC.						
Principal Plac	ce of Business	Mailing Address				-{	FII WARLA BIRKI WARII	NIEN GIBN 1891
13205 US HWY 1 13205 US HWY 1								
JUNO BEACH FL 33408 JUNO BEACH FL 33408								
U\$ U\$						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/19/1988		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	· 	plied For
21 26					65-0057439		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 / Fee Re		
City & Sta	ıto.	27 City & State						
— — — — — — — — — — — — — — — — — — —					6. Election Campaign Financing	\$5.00 Added t		
Zip	Country	28 Zip	Cour	ntrv		Trust Fund Contribution	······	O rees
24	25		30	iti y		 This corporation owes the current year Personal Property Tax. 	Intangible Yes	□No ·
(4)	9. Name and Address of Cur		30			10. Name and Address of New Register		
CDC				81	Name		· · •	
	EEDLAND, DANIEL 5 U.S. HIGHWAY 1			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	111			83				
JUN	NO BEACH FL 33408			84	City		85 Zip	Code
office or agent. I a						ration submits this statement for the purpos is board of directors. I hereby accept the ap	pointment as re	gistered
	Signature, typed or printed name of registered		_	Agent :	signature required v			
12.	D	AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	Addition
TITLE	FREEDLAND, DANIEL	□ DETE IE	1,1 TITL				☐ Criange	. El vaginori
NAME	AGE LLO LUCURURY A		1.2 NAA				•	
STREET ADDRESS	JUNO BEACH FL		1		ADDRESS		. ,	•
CITY-ST-ZIP	D DEACH PL	☐ DELETE	2.1 TITL		ZIP		☐ Change	☐ Addition
TITLE	BESKIN, MARC	□ DECE IE	1				C) cirange	☐ A00,00011
NAME	AGE ILO LUGURUAY A		2.2 NAM					
STREET ADDRESS	JUNO BEACH FL		1		ADDRESS	· · ·		
CITY-ST-ZIP	JUNO BEACH PL	□ DELETE	2.4 CIT		-ZIP		Change	Addition
TITLE		□ pere ie	1				Change	☐ Addition
NAME	ļ		3.2 NAN					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE				Y-ST-	-ZIP	·		Addition
	1	□ DELETE			I .		Change	
NAME	1	☐ DELETE	4.1 TITL				Change	
STREET ADDRESS	ł	☐ DELETE	4.1 TITL 4.2 NAV	ME	IDDOESO.		Change	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL 4.2 NA/ 4.3 STR	ME REET A	ADDRESS		☐ Change	
			4.1 TITL 4.2 NA/ 4.3 STR 4.4 CIT)	ME REET A Y-ST-				
		☐ DELETE	4.1 TITL 4. 2 NAV 4.3 STR 4.4 CITY 5.1 TITL	ME REET A Y-ST- .E			☐ Change	☐ Addition
NAME			4.1 TITL 4.2 NAV 4.3 STR 4.4 CITA 5.1 TITL 5.2 NAW	ME REET A Y-ST- .E ME	ZIP			
STREET ADDRESS			4.1 TITL 4.2 NAV 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAV 5.3 STR	ME REET A Y-ST-; E LE ME	ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITL 4.2 NAV 4.3 STR 4.4 CITA 5.1 TITL 5.2 NAW	ME Y-ST- LE AE LEET A Y-ST-	ZIP ADDRESS		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITL 4.2 NAV 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAV 5.3 STR 5.4 CITY	ME Y-ST- LE ME EET A Y-ST-	ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITL 4.2 NAV 4.3 STR 4.4 CITL 5.1 TITL 5.2 NAN 5.3 STR 5.4 CITL 6.1 TITL 6.2 NAN	ME Y-ST-LE AE EEET A Y-ST-LE	ZIP ADDRESS		Change	☐ Addition

6.4 CITY-ST-ZIP 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.

561-694-8611