

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:59

DOCUMENT # **S29151** (5)

1. Corporation Name  
**LARS' STORAGE CABINETS & CLOSET DESIGNS BROWARD, INC.**

Principal Place of Business      Mailing Address  
**1753-B N POWERLINE RD  
POMPANO BEACH FL 33069-1624**      **1753-B N POWERLINE RD  
POMPANO BEACH FL 33069-1624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/04/1991</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>65-0255422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SNYDER, ROBERTA J  
1733 N POWERLINE RD  
POMPANO BCH 33069**

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, typed or printed name of registered agent and fee if applicable      NOTE: Registered Agent signature required when terminating.      DATE

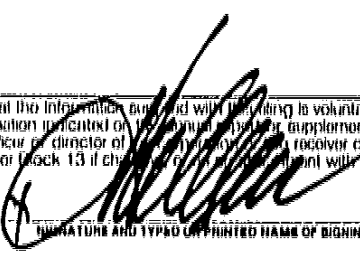
12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>OLSEN, HANS G</b>
STREET ADDRESS	<b>2501 CALAMONDIN CIR</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>D</b>
NAME	<b>OLSEN, KAREN M</b>
STREET ADDRESS	<b>2501 CALAMONDIN CIR</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>STD</b>
NAME	<b>BRANDT, KENNETH R</b>
STREET ADDRESS	<b>600 SW 81ST TERR</b>
CITY - ST - ZIP	<b>MARGATE FL</b>
TITLE	<b>D</b>
NAME	<b>BRANDT, ALLISON M</b>
STREET ADDRESS	<b>600 SW 81ST TERRACE</b>
CITY - ST - ZIP	<b>MARGATE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information contained within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this 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, and that I am 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 checked.

SIGNATURE:  **3/10/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Expiration Date