

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J12231** (3)  
1. Corporation Name  
**CUSTOMBUILT LTD., INC.**



Principal Place of Business  
**725 S.W. 16TH AVE. BAY 3  
DELRAY BEACH FL 33444**

Mailing Address  
**725 S.W. 16TH AVE. BAY 3  
DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified **04/30/1986** 3a. Date of Last Report **06/19/1995**

2. Principal Place of Business

21 **1302 Wallace DR.**

Suite, Apt. #, etc.

22

City & State

23 **Delray Beach, FL**

Zip Country

24 **33445** 25 **U.S.A.**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number **59-2682206**

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

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**SMITH, J. W.  
725 S.W. 16TH AVE. BAY 3  
DELRAY BEACH FL 33444**

81 Name **J. W. Smith**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1302 Wallace DR.**

83

84 City **Delray Beach**

**FL**

85 Zip Code

**33444**

11. Pursuant to the provisions of Sections 607.0501 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

**J. W. Smith**  
4/11/96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **PST** ☐ DELETE  
2. NAME **SMITH, J. W.**  
3. STREET ADDRESS **725 S.W. 16TH AVE. BAY 3**  
4. CITY - ST - ZIP **DELRAY BEACH FL**

5. TITLE **D** ☒ DELETE  
6. NAME **SMITH, J. W.**  
7. STREET ADDRESS **725 S.W. 16TH AVE. BAY 3**  
8. CITY - ST - ZIP **DELRAY BEACH FL**

9. TITLE ☐ DELETE  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP

13. TITLE ☐ DELETE  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP

17. TITLE ☐ DELETE  
18. NAME  
19. STREET ADDRESS  
20. CITY - ST - ZIP

21. TITLE ☐ DELETE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: **J. W. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. W. Smith**

DATE

4/11/96