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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J12231

(3)

CUSTOMBUILT LTD., INC.

**FILED** Feb 13 1998 8:00am Secretary of State

00010	MOOILY I										
Principal Place of Business Mailing Address									T TOURSTING MEDIE STORED ESDEN STORED TREATE STORE OFFICE MEDIES AND A DESTRUCTION OF THE PROPERTY OF THE PROP	ichin Achar ch de	
1302 WALLAGE DRIVE DELRAY BEACH FL 33445 US				1302 WALLACE DR DELRAY BEACH FL 33445 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/30/1986		
2. Principal Pl	ace of Busin	noss	28.	2a. Mailing Address					4. FEI Number	Applied For	
21				26					59-2682206	Not Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.					# Contificate of Status Desired   \$8.7	5 Additional	
22				27					5. Certificate of Status Desired L. Fee	Required	
City & State				City & State						May Be	
Zip Country				Zip Country			7/		Troot and Contribution 1120		
24 24		25	29	2.112	30	· 1	,		This corporation owes or has paid the current year     Personal Property Tax due June 30. Yes	□ No	
[24]	o Name	and Address of (		tered Agent	30	<u>'1</u>			10. Name and Address of New Registered Agent		
0.4						81	1 Na	me			
SMITH, JW 1302 WALLACE DRIVE						82	2 St	reet Add	Idress (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33445						83	3	<del>-</del>			
						84	4 Ci	tý	FL   65   2	ip Code	
office or n agent 1 a	articlored ar	sions of Sections 6 gent, or both, in the ith, and accept the	State of Florid	da. Such chaude.	was anti-	norized t	ov the	med cor corpora	orporation submits this statement for the purpose of changin ration's board of directors. I hereby accept the appointment	g its registered as registered	
SIGNATURE Signature typod or product name of registered agent and title of applicable. (NOTE Register							gent sig	natura requ	quired when reinstating) DATE		
12.		OFFICE	RS AND DIREC	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE	PST			DELET	E	1.1 TITLE			Change	ye	
NAME	SMITH, J. W.					1.2 NAME		- 1			
STREET ADDRESS		ALLACE DR					1.3 STREET ADDRESS			4	
CITY-ST-ZIP	0 E C   1   1   1   1   1   1   1   1   1						1.4 CITY-ST-ZIP  2.1 TITLE  Change Addition			A deletes	
TITLE				☐ DELET	t :	2.1 TITLE			[_] Chan	H MOOUTON	
NAME						2.2 NAME		- 1			
STREET ADDRESS						2.3 STREE					
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TITLE				☐ DELFT	Ł	3.1 TITLE			L Citali	le 🗀 vongou	
NAME						3.2 NAME					
STREET ADDRESS	· · · ·					3.3 STREET ADDRESS					
CHY-S1-ZIP TITLE DELETE					rr	3.4. CiTY-ST-ZiP			☐ Chan	e Addition	
TITLE				F"] DEFE	ŧc	4.1 TITLE			Li Cilaii	p □ Nationiti	
NAME					l	4. 2 NAM					
STREET ADDRESS					1	4.3 STREE	ET ADDI	(ESS			

14. Thereby 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 supplied entry 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 of 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 chapted, if on an address.

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 CiTY-ST-ZiP

5.4 CHY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

NAME

Addition

☐ Addition

Change