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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J20553 (0)

1. Corporation Name
CUSTOM T'S, INC.

Principal Place of Business
1400 ELIZABETH AVE
WEST PALM BEACH FL 33401
US

Mailing Address
1400 ELIZABETH AVE
WEST PALM BEACH FL 33401-6922
US



3. Date Incorporated or Qualified 06/23/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2697139	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25		
	29	30	

9. Name and Address of Current Registered Agent

LANGMO, BRADLEY K.
1400 ELIZABETH AVE.
WEST PALM BEACH FL 33401

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	LANGMO, BRADLEY	1.2 NAME	
STREET ADDRESS	23217 BOCA CLUB COLONY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	LANGMO, GREGORY	2.2 NAME	
STREET ADDRESS	105 E DEPOT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIATCHFIELD MN	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	LANGMO, KEITH H.	3.2 NAME	
STREET ADDRESS	618 W. CRESCENT LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIATCHFIELD MN	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	LANGMO, SUSAN K.	4.2 NAME	
STREET ADDRESS	3510 CAMINIRO CARMEL LND	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0205655

CR2E034 (9/96)