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 # K79414

THE CLOSET EDITION, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90069 027 ***150.00



<u> </u>					<u> </u>
1	Place of Business	Mailing Address			
6590 W RO	DGERS CIR #3	6590 W ROGERS CIR #	10	comin comin mingri tilli il	er erest aratt atalt Otalt Siått öjåll (1
	ON FL 33487	BOCA RATON FL 33487	:3 '	•	
US		US US		<u></u>	,
				DO NOT WRITE IN	THIS SPACE
O Deine				3. Date Incorporated or Qualifed	
7	al Place of Business	2a. Mailing Address		04/11/1989	
21		26		4. FEI Number	Applied For
	Apt. #, etc.	Suite, Apt. #, etc.		65-0120179	Not Applicab
22		27		5. Certifcate of Status Desired	\$8.75 Additional
City & S	State	City & State			Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes the current ye	ear Intangible
	9. Name and Address of Cu	rrent Registered Agent		Personal Property Tax.	©Yes □No
		, r	81 Name	10. Name and Address of New Regist	ered Agent
NE	Ewmark, Edwin		81 Name		
9267 VISTA DEL LAGO			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<u> </u>
BC	DCA RATON FL 33428		<u> </u>	(151 Box Humber is Not Acceptable)	
			83	The state of the s	22. 8 L Va . Tra 34 L 100 L 25
			84 City		
11 Pursuar	ot to the provider			निर्मात के किन्न का का का निर्माण समित्र के किन्न समित्र के किन्न समित्र के किन्न समित्र के किन्न समित्र के कि	85 Zip Code
office or	registered agent, or both, in the Sta	0502 and 607.1508, Florida Statu	tes, the above-named com	oration submits this statement for the purpos on's board of directors. I hereby accept the a	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	: Registered Agent signature required		
	PD	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
IAME	BEN-MAJER, MOSHE		1.2 NAME	The state of the s	☐ Change ☐ Addition
STREET ADDRESS	TO MOON MANAGEMENT		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL				
TILE		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		
AME		-	.		☐ Change ☐ Addition
TREET ADDRESS	s i		2.2 NAME	•	
ITY-ST-ZIP			2.3 STREET ADDRESS	i .	
TLE			2.4 CiTY-ST-ZIP	· ·	
AME	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	□ DELETE	24 TITLE		
REET ADDRESS	- 1 · 1 · 1 · 1 · 1 · 1 · 1	☐ DELETE	3.1 TITLE		☐ Change ✓ ☐ Addition
TY-ST-ZIP	f	☐ DELETE	3.2 NAME		☐ Change ☐ Addition
TLE		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
ME			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
ł		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE		
REETADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
,			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE		
Y-ST-ZIP		□ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME		
Y-ST-ZIP LE			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		Chánge : Addition
Y-ST-ZIP LE ME		□ DELETE	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		
Y-ST-ZIP LE ME REET ADDRESS	6),	□ DELETE	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		Chánge , TAddition
Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ DELETE	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		Chánge , TAddition
Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP E	Sys.	□ DELETE	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		Change Addition
E Æ	Assist Co. S.	☐ DELETE	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		Change , , ,) Addition

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 Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 1-20-49 ×561-241-3834