

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K82960** (1)  
1. Corporation Name  
**CUSTOMIZED SERVICES, INC.**



Principal Place of Business

% ALVIN KAPLAN  
5160 S W 15TH AVENUE  
BOYNTON BEACH FL 33437

Mailing Address

% ALVIN KAPLAN  
5160 S W 15TH AVENUE  
BOYNTON BEACH FL 33437

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0121141

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

9. Name and Address of Current Registered Agent

KAPLAN, ALVIN  
5160 S W 15TH AVE  
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11500 EL CLAIR RANCH Rd

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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GREENBERG, LEONARD E.  
STREET ADDRESS 5160 S W 15TH AVE  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE V  
NAME KAPLAN, ALVIN  
STREET ADDRESS 5160 S W 15TH AVE  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE S  
NAME PROUJANSKY, ALBERT N.  
STREET ADDRESS 5160 S W 15TH AVE  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE T  
NAME ECHELSON, IVAN H.  
STREET ADDRESS 5160 S W 15TH AVE  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11500 EL CLAIR RANCH Rd

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11500 EL CLAIR RANCH Rd

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

11500 EL CLAIR RANCH Rd

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

11500 EL CLAIR RANCH Rd

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

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, with an attachment with an address.

SIGNATURE:

*I. H. Echelon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)