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Feb 03 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 # 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 33437-1602

3. Date Incorporated or Qualified 04/25/1989
3a. Date of Last Report 03/01/1996

2. Principal Place of Business
21 11500 EL CLAIR RANCH RD
Suite, Apt. #, etc.

2a. Mailing Address
26 11500 EL CLAIR RANCH RD
Suite, Apt. #, etc.

4. FEI Number 65-0121141
Applied For Not Applicable

22 City & State
23 Boynton Beach FL

27 City & State
28 Boynton Beach FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33437 25 Palm Beach 29 33437 30 Palm Beach

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
11500 EL CLAIR RANCH RD
BOYNTON BEACH FL 33437

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
TITLE P
NAME GREENBERG, LEONARD E.
STREET ADDRESS 11500 EL CLAIR RANCH RD
CITY-ST-ZIP BOYNTON BEACH FL
TITLE V
NAME KAPLAN, ALVIN
STREET ADDRESS 11500 EL CLAIR RANCH RD
CITY-ST-ZIP BOYNTON BEACH FL
TITLE S
NAME PROJANSKY, ALBERT N.
STREET ADDRESS 11500 EL CLAIR RANCH RD
CITY-ST-ZIP BOYNTON BEACH FL
TITLE T
NAME ECHELSON, IVAN H.
STREET ADDRESS 11500 EL CLAIR RANCH ROAD
CITY-ST-ZIP BOYNTON BEACH FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Ivan H. Echelson* 1/24/97 (561) 737-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)