FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:56

DOCUMENT # L57616 (9)

1. Corporation Name
FLORIDA CLASSIC CLOSETS, INC.

Principal Place of Business
% MELVIN GITLIN
9531 SEAGRAPE DRIVE #204
FT LAUDERDALE FL 33324

Mailing Address
% MELVIN GITLIN
9531 SEAGRAPE DRIVE #204
FT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 2208 S.W. 60th. Terr
Suite, Apt. #, etc.
22 Miramar, Fl.
City & State
23 33023 U.S.A.
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0178729 ☐ 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

GITLIN, MELVIN
9531 SEAGRAPE DR.
#204
FT. LAUDERDALE FL 33324

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	GITLIN, MELVIN	1 2 NAME	
STREET ADDRESS	9531 SEAGRAPE DR #204	1 3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☒ Change ☐ Addition — Address Change
NAME	GITLIN, MARC	2 2 NAME	
STREET ADDRESS	25-21 45TH ST.	2 3 STREET ADDRESS	12 Rupp Ave.
CITY-ST-ZIP	ASTORIA QUEENS NY	2 4 CITY-ST-ZIP	Monticello, N.Y. 12701
TITLE	SD	3 1 TITLE	☒ Change ☐ Addition — Address Change
NAME	ECKSTEIN, STEVE	3 2 NAME	9161 N.W. 13th. St.
STREET ADDRESS	17275 LAKE PARK RD.	3 3 STREET ADDRESS	Plantation, Fl. 33322
CITY-ST-ZIP	BOCA RATON FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I the undersigned 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, or on an attachment with an address.

SIGNATURE: Melvin Gitlin — 3/6/95 — 305-964-4226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
MELVIN GITLIN

0232436 CP