

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L57616** (9)

1. Corporation Name

FLORIDA CLASSIC CLOSETS, INC.



Principal Place of Business

**2208 S. W. 60TH TERR
9531 SEAGRAPE DRIVE #204
MIRAMAR FL 33023
US**

Mailing Address

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

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
03/14/1995

4. FEI Number

65-0178729

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

1.1 TITLE **PD** ☐ DELETE

NAME **GITLIN, MELVIN**
STREET ADDRESS **9531 SEAGRAPE DR #204**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.2 TITLE **VD** ☐ DELETE

NAME **GITLIN, MARC**
STREET ADDRESS **12 RUPP AVE.**
CITY-ST-ZIP **MONTICELLO N.**

1.3 TITLE **SD** ☐ DELETE

NAME **ECKSTEIN, STEVE**
STREET ADDRESS **9161 N.W. 13TH ST.**
CITY-ST-ZIP **PLANTATION FL**

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

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

0000017468910
-03/18/96--01051--012
*****200.00**

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Eckstein 1/23/96 305 964-
Date Daytime Phone

CR2E034 (12/95)

3-18-1996