

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90054 033 \*\*\*150.00

DOCUMENT # **P22802**

Corporation Name  
**CLOSET EMPORIUM, INC.**



Place of Business  
168TH STREET  
FL 33056

Mailing Address  
3301 N.W. 168TH STREET  
MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/31/1989</b>	
4. FEI Number <b>65-0088171</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Place of Business	2a. Mailing Address
26	27
Apt. #, etc.	Suite, Apt. #, etc.
27	28
City & State	29
Country	Zip
25	30

9. Name and Address of Current Registered Agent

**MALIS, MORTON**  
3301 N.W. 168TH STREET  
MIAMI FL 33056

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

I, the undersigned, 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 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, with all other like empowered.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD  
GOLDSTEIN, LEONARD  
637 LONGHILL RD WEST  
BRIARCLIFF MANOR FL *Ad.*

☐ DELETE

VAS  
MALIS, MORTON  
3301 N.W. 168TH STREET  
MIAMI FL

☐ DELETE

D  
MALIS, MORTON  
3301 N.W. 168TH STREET  
MIAMI FL

☐ DELETE

VD  
SEDOFF, INGRID  
9 SKYLINE DRIVE  
HAWTHORNE NY

☐ DELETE

STD  
MALIS, ADRIENNE  
3301 N.W. 168TH STREET  
MIAMI FL

☐ DELETE

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Morton Malis*  
2/1/99

Daytime Phone #

CR2E034 (1/1/98)