

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000034728 (4)**

1. Corporation Name

**CULTURED CLOSETS, INC.**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB -9 AM 11:33**

Principal Place of Business

Mailing Address

**3300 S CONGRESS AVE  
STE 15/16  
BOYNTON BCH FL 33426  
US**

**3300 S CONGRESS AVE  
STE 15/16  
BOYNTON BCH FL 33426  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/13/1993**

3a. Date of Last Report

**04/20/1994**

4. FEI Number

**65-0409597**

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

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARFF, BURTON G  
2315 SOUTH CONGRESS AVE.  
WEST PALM BEACH FL 33406**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PST**

NAME

**SHAFFER, CHARLES F**

STREET ADDRESS

**9450 SW 8TH ST #7**

CITY-ST-ZIP

**BOCA RATON FL**

1.1 TITLE

**PST**

1.2 NAME

**SHAFFER, CHARLES F.**

1.3 STREET ADDRESS

**7601 W. COUNTRY CLUB BLVD.**

1.4 CITY-ST-ZIP

**BOCA RATON, FL 33487**

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or on an attachment to this report.

**SIGNATURE:**

*Charles F. Shaffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF THE OFFICER OR DIRECTOR

**CHARLES F. SHAFFER**

**2/3/95**

**(407) 738-0600**