FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034728 (4)

CULTURED CLOSETS, INC.

FILED Apr 23 1997 8:00am Secretary of State

Principal Place of Business Mailing Address										
			-							
3300 8 CONGRESS AVE STE 15/16		3300 S CONGRESS AVE STE 15/16								
BOYNTON BCH	I FL 33426		DYNTON BCH FL 33426-9	058						
ŲŠ			US				 Date Incorporated or Qualified 05/13/1993 	3a, Date of L 03/28/19		ort
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Appl	ed For
21		26					65-0409597		Not A	Applicable
Suite, Apt.	#, etc.	L.,	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Ad	
22		27					C, Commente di Ciando Desiret	F	ee Requ	
City & State	9		City & State		6. Election Campaign Financing		. 00 м	ау Ве		
23		28					Trust Fund Contribution	<u> </u>	ded to	Fees
Zip	Country	\vdash	Zip		ıntry		8. This corporation has liability for i		der s. 1	99.032,
24	25	29		30	,			Yes No		
	g. Name and Address of Current	Regis	itered Agent		0.1	Manage	10. Name and Address of New Re	gistered Agent		
	rff, Burton G				81	Name				
	5 SOUTH CONGRESS AVE.					Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
WES	ST PALM BEACH FL 33406				Ш	···				
					83					
					84	City		—. 85	Zip Co	de
						On,		FL °°	Σφ ου	
11. Pursuant t	to the provisions of Sections 607,0502	and 6	07.1508, Florida Statute	s, the a	bove	-named co	rporation submits this statement for the p	urpose of chang	jing its r	egistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	i Fiori ons o	da. Such change was a f. Section 607.0505. Floi	unonze ida Sta	a by tutes	ine corpor L	ation's board of directors. I hereby accep	t the appointme	nt as re	gistered
SIGNATURE			,,							
0.	Signature, typed or printed name of registered agent			Registere	d Age	nt signature req	ulred when reinstaling)	DATE		
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PST		☐ DELETE	1.1 7	ILE			∐ Ch	ange [Addition
NAME	SHAFFER, CHARLES F.			1.2 N	AME					
STREET ADDRESS	7601 W. COUNTRY CLUB BLVD	١,		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 C	ITY-S	1 - ZIP				
TITLE			☐ DELETE	2.1 11	ILE			□ Ch	ange	Addition
NAME				2.2 N	AME					
STREET ADDRESS				2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				2.40	MY-8	ST-ZIP				
TITLE .			☐ DELETE	3.1 71	TLE			☐ Ch	ange	Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				3 4. 0	HTY-5	51 - 7 IP				
TITLE			☐ DELETE	4110				☐ Ch	ange	Addition
NAME	•			4.21	I AME					
STREET ADDRESS				4.3 S	IREET	ADDRESS				
CITY-ST-ZIP					TY-S					
TITLE			DELETE	511				Cr	ange	Addition
NAME				5 2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				1	ITY-S	- H				
TITLE			☐ DELETE	61 Ti		. 20		☐ Cr	ange	Addition
NAME				62 N				•		
I						ADDRESS				Į
STREET ADDRESS				1						
CITY-ST-ZIP		. 500 - 11	1 de	64C	17Y-S	1-ZIP	11. O 440.02/09/0 Elv. 11. O			

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 chapted, or on an attachment with an address.