SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042548 (6)

1. Corporation Name

CUSTOM, RESTORATION, AND DESIGN, INC.

Principal Place of Business	Mailing Address
6278 N. FEDERAL HWY. SUITE 308A FT. LAUDERDALE FL 33308	6278 N. FEDERAL HWY. SUITE 308A FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0414241 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $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 — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

GLASSBERG, DAVID A
6278 N. FEDERAL HWY
SUITE 308A
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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

TITLE	P
NAME	DAVID A. GLASSBERG ,
STREET ADDRESS	23296 COUNTRY CLUB DR. W.
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D
NAME	MARY P. GLASSBERG,
STREET ADDRESS	23296 COUNTRY CLUB DR. W.
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D
NAME	M.JANIA FISHER,
STREET ADDRESS	23296 COUNTRY CLUB DR. W.
CITY-ST-ZIP	BOCA RATON FL 33428

13. (Change / Addition — blank)

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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] 6/20/95 305-767-2774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (3/95)

0072492 CP