

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000037456 (8)

1. Corporation Name:

CUSTOM CONCEPT FURNITURE RESTORATION INC.

Principal Place of Business

5431 NW 15 ST BAY 4
MARGATE FL 33063

Mailing Address

5431 NW 15 ST BAY 4
MARGATE FL 33063

15 MAY - 1 AM 8:46

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE			
5431 NW 15 ST BAY 4 MARGATE FL 33063		5431 NW 15 ST BAY 4 MARGATE FL 33063					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified			
21	26			05/16/1994			
Suite, Apt. #, etc		Suite, Apt. #, etc		3a. Date of Last Report			
22	27						
City & State		City & State		4. FEI Number			
23	28			65-0495480			
Zip		Country	Zip	Applied For			
24	25	29	30	Not Applicable			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEST, ROGER 10398 DORCHESTER DR BOCA RATON FL 33428				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits the 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 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed over the signature line and the signature line. A copy of the signature is attached to the back of this report. The signature must be legible and clearly readable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, JAMES				
STREET ADDRESS	10398 DORCHESTER DR	1.3 STREET ADDRESS			
CITY, ST, ZIP	BOCA RATON FL 33428	1.4 CITY, ST, ZIP			
TITLE	NAME	2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, ROGER				
STREET ADDRESS	10398 DORCHESTER DR	2.3 STREET ADDRESS			
CITY, ST, ZIP	BOCA RATON FL 33428	2.4 CITY, ST, ZIP			
TITLE	NAME	3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS		3.3 STREET ADDRESS			
CITY, ST, ZIP		3.4 CITY, ST, ZIP			
TITLE	NAME	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS		4.3 STREET ADDRESS			
CITY, ST, ZIP		4.4 CITY, ST, ZIP			
TITLE	NAME	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS		5.3 STREET ADDRESS			
CITY, ST, ZIP		5.4 CITY, ST, ZIP			
TITLE	NAME	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS		6.3 STREET ADDRESS			
CITY, ST, ZIP		6.4 CITY, ST, ZIP			

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(1)(e), Florida Statutes. I further certify that the information indicated on the 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 unchanged, or on an attachment with an addition.

SIGNATURE: *James West*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James West

4/28/95 (305) 346-7288
Date
Digital Photo