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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077851 (1)

ADVANCED CLOSET SYSTEMS, INC.

Principal Place	of Business	Mailing Address				
5061 NORTH DIXIE HIGHWAY BOCA RATON FL 33431		2905 S. CONGRESS AVE. F BLDG. DELRAY BEACH FL 33445-7353				
		U\$				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing			Address			4. FEI Number Applied For
21 2409						65-0542293 Not Applicable
Suite, Apt.	D L	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required
City & State	AY DEACH TL	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 334	15 Country BCAS	Z(p)	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
ROS	SS, GREG			81	Name	3
400	SE 8TH STREET IT LAUDERDALE FL 33316		ļ	82	Street A	t Address (P.O. Box Number is Not Acceptable)
100	II EVANCTURANT I C 222 IA			В3		
			r	84	City	85 Zip Code
dd Dyrayant	to the proviolane of Postions 607 05 02	and 607 1509 Florida Clai	ulos the ob		0 00000	FL
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 register office or registered agent, or both, in the State of Florida Successful Statutes. 1. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes. 1. Pursuant to the provisions of Sections 607.0503 and 607.0503 a						
	m tamiliar with, and accept the obliga	tions of, Section 607.0505,	Florida Stati	4108	3.	
SIGNATURE	Signature, typed or printed name of registered agen-	Lend title if applicable (N	O1L. Registered	Age	nt signature	re required when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVT	☐ DELETE	1,1 111	LE		Change Addition
NAME	HAYES, JAMES P		1.2 NA	ML.		
STREET ADDRESS	ET ADDRESS 1300 SW 14TH STREET		1.3 STREET ADDRESS		ADDRESS	,
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CIT	1.4 CITY - ST - ZIP		
TITLE	DS DELETE 2		21111	2111[[Change Addition
NAME	HAYES, BARBARA		2 2 NAME			
STREET ADDRESS 1300 SW 14TH STREET			2.3 STREET ADDRESS		ADDRESS	,
CITY-ST-ZIP BOCA RATON FL 33486			2. 4 CI		S1 - ZIP	
TITLE	DELETE		3.1 111	3.1 TITLE		Change Addition
NAME	I		3.2 NA	3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP		The section	3.4. CITY - ST - ZIP		ST-ZIP	
TITLE		☐ DELETE				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			,
CITY-ST-ZIP		DELETE	4.4 City-St-ZIP 5.1 TITLE		1-21P	☐ Change ☐ Addition
TITLE		L.J DEICIC	5.2 NAME			Citaling Cityoution
NAME CTOCET ADDRECC					ADDRESS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	5.4 City - ST - ZIP TE 6.1 TILLE		1-ZIP	Change Addilion
NAME		LJ PELLIE	6.1 III		1	ET cuande ET voorlieu
1					ADDDECO	
STREET ADDRESS			6351	nttl	ADDRESS	

14. 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 reference of the corporation or the reference of the corporation or the reference of the corporation of the reference of the corporation of the corpo

SIGNATURE:

1 Sayes

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