

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90149 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000093426**

1. Corporation Name  
**CREATIVE CLOSETS, INC.**



Principal Place of Business  
**1323 SE 17TH ST  
531  
FT. LAUDERDALE FL 33316  
US**

Mailing Address  
**1323 SE 17TH ST  
531  
FT. LAUDERDALE FL 33316  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**ALTERMAN, ROY A  
2404 NE 9TH ST.  
FT. LAUDERDALE FL 33304**

3. Date Incorporated or Qualified

**12/27/1994**

4. FEI Number

**65-0551786**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **CREATIVE CLOSETS PETER DUARTE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1323 SE 17TH ST #531**  
83  
84 City **FORT LAUDERDALE** FL 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE  
NAME **DUARTE, PETER**  
STREET ADDRESS **1323 SE 17TH ST., #531**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **DIRECTOR** ☐ DELETE  
NAME **JOSEPH BUSNEY**  
STREET ADDRESS **1323 SE 17TH ST #531**  
CITY-ST-ZIP **FT. LAUDERDALE**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **DUARTE, PETER**  
1.3 STREET ADDRESS **1323 SE 17TH ST #531**  
1.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **BUSNEY, JOSEPH**  
2.3 STREET ADDRESS **1323 SE 17TH ST #531**  
2.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(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, with or without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0296313