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

PROFIT . CORPORATION ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE Sandra & Morthanif Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000034210 (1)

21ST CENTURY CLOSET INNOVATIONS, INC.

2.01 02,710111 020021 1	morrisono, mor	
Principal Place of Business	Mailing Address	
10715 S.W. 190TH STREET MIAMI FL 33157	10715 S.W. 190TH STREET MIAMI FL 33157	
		3. Date Incorpo

				05/02/1995	ite of Last Report
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
	26			65-0592479	Not Applicable
	Suite, Apt. 4	, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
8 State Cty & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
25	Zip 29	30	uritry	8. This corporation has liability for intangible Florida Statutes X Yes No	tax under s 199.032,
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SKRLD, INC.			81 Name 82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL		83 84 City		85 Zip Code	
	Country 25 lame and Address of Co	Suite, Apt. : 27 City & State 28 Country 25 29 Lame and Address of Current Registered Agent RA CIRCLE	Suite, Apt. #, etc. 27 City & State 28 Country Zip Country 29 30 Jame and Address of Current Registered Agent RA CIRCLE	26	Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 29 30 Country 25 A CIRCLE Country Can be and Address of Current Registered Agent Country Country Country Co

or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am

TOTALITY VILL	i, and accept the obligations or, accitor box	ruopo, monda Statutes.			
SIGNATURE	Signal ine, typed or printed had e of registered agent and time.	taggeratie gwo	E. Sylgotore (Agent signature respond	when remarkships	PATE
12.	OFFICERS AND DIRE		13.		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 11/1.5		☐ Change ☐ Addition
NAME	MORGAN, DENNIS R		1.2 NAME		_ , _ ,
STREET ADDRESS	20833 S.W. 103RD COURT		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189		1.4 C/TY - ST - Z/P		
TITLE	SD	☐ DELETE	2 1 T-ILF		☐ Change ☐ Addition
NAME	MORGAN, DONALD E		2.2 NAME		
STREET ADDRESS	20833 S.W. 103RD COURT		2 3 STREET ADDRESS		
C/TY-ST-ZIP	MIAMI FL 33189		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 MILE		Change Addition
NAME			3.2 NAME		- -
STREET ADORESS			3.3 STREEF ADDRESS	The second secon	
CITY-SI-ZIP			3.4 CHY+ST ZIP	70000178 -04/19/96010 ***200.00	3683.
TITLE		DELETE	4 1 THILE	***500 00	Change Addition
NAME			4.2 NAME	***************************************	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.CITY-S1-7IP		
TITLE		☐ DELETE	5 1 TiTL E		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
C(TY - ST - 2IP			5.4 CITY - S1 - ZIP		
TITLE		☐ DELFTE	6 1 TITLE	7 A	Change Add-tion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZIP			64 CITY - \$1 - 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(3)(k). 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name pages in Block 12 or Block 13 if chapter 607 in an attachment with an address ged, or on an attachment with an address

SIGNATURE:

ICER OR DIRECTOR DENNIS MORGAN 3/28/96