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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P95000079030 (9)

DOCUMENT # P9500 1. Corporation Name EXTRA CLOSET SARASOTA, INC.

Principal Place of Business Mailing Address						.,,,	
6327 EDGEW ORLANDO FL	**************************************		6327 EDGEWATER DRIVE ORLANDO FL 32810				
					3. Date Incorporated or Qualified 10/13/1995	3a. Date of Las	st Report
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For
11 O 12 A 2 H a 14		26		59-3342441		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	L) F	.75 Additional ee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 -	5.00 May Be dded to Fees
Zip	Country	Zip	Coun	trv	This corporation has liability for its corporation has liability for		
4	25	29	30	,	· '	No □No	, 0 100.2021
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	legistered Agent	
			[1	Name			
	RATION SERVICE COMPANY		l _i	32 Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
1201 HAYS STREET							
TALLAH	ASSEE FL 32301-2525			13			
			1	14 City		- 85	Zip Code
		1.607.1600.5: 11.00	1	<u> </u>	pration submits this statement for the pur	FL °°	5
or registered	d agent, or both, in the State of Florid	la. Such change was authori	zed by the co	rporation's boa	ard of directors. I hereby accept the appr	ointment as registe	ered agent. I am
familiar with	, and accept the obligations of, Section	on 607.0505, Florida Statute	J.				
familiar with	, and accept the obligations of, Sections and accept the obligature, typed or printed name of registered agent a	·		gent signature require	ed when reinstating:	DATE	
familiar with SIGNATUREs	ignature, typed or printed name of registered agent of OFFICERS AND	and title if applicable (N DIDIRECTORS		gent signature require	ed when revisitating: ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	· · · · · · · · · · · · · · · · · · ·
familiar with SIGNATURE	ignature, typed or printed name of registered agent OFFICERS AND	and title if applicable (N	O1E: Registered A				· · · · · · <u>- · · · · · · · · · · · </u>
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Stanley J. Shader, V.P. 407 297-3683

3/14/96