

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000085030 (1)**

1. Corporation Name

CUSTOM REVIEW, INC.



Principal Place of Business

**2400 E. LAS OLAS BLVD. STE 220
FORT LAUDERDALE FL 33301**

Mailing Address

**2400 E. LAS OLAS BLVD. STE 220
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

g. Name and Address of Current Registered Agent

**LIPINSKI, FRANK L
2400 E. LAS OLAS BLVD. STE 220
FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

4. FEIN Number

65-0620498

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 has liability for intangible tax under s. 190.032,
Florida Statutes

☒

Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 obligation of Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

**PD
LIPINSKI, FRANK K
2400 E. LAS OLAS BLVD. STE 220
FORT LAUDERDALE FL 33301**

☐ DELETE

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FORT LAUDERDALE FL 33301**

☐ DELETE

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation, or the registered agent or authorized person to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE:

Frank Lipinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK LIPINSKI

1/26/96

(954) 922-1802

CR2E034 (12/95)