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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P96000 S CLOSET, INC.	073580 (8)	)						
Principal Place of Business Mailing Address						- 148014001 (10 10410 00141 00141 00114 E0114 0014 1040 11191 01101 10111 0016 1081			
599 S. COLLIER BLVD. UNIT 205 MARCO ISLAND FL 34145		599 S COLLIER BLVD #205 MARCO ISLAND FL 34145 US			-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
l · ··						09/05/1996			
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number 59-3397384		Applied For	
								Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5, Certificate of Status Desired	1 1 7 -	75 Additional e Regulred	
City & State		City & State			6 Floation Comparing Financian		•		
23		28			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees		
Zip	Country	Zip	Countr	У		8. This corporation owes or has paid			
24	25	29	30			Personal Property Tax due June 30. 🗹 Yes 🔲 No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	istered Agent		
BL	AKE WISHART		81	Name	1				
	9 S COLLIER BLVD #205		<b>82</b> S		Address	dress (P.O. Box Number is Not Acceptable)			
MA	IRCO ISLAND FL 34145		83						
			0.	"					
			84	84 City		7 T T T T T T T T T T T T T T T T T T T	FL  85   Z	Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligations of the state of the st	of Florida. Such change was tions of, Section 607.0505, F	ites, the above authorized be forida Statute TE Registered Ac	y the cor	rporation	's board of directors. I hereby accept t	rpose of changir the appointment	ig its registered as registered	
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P DELETE		1.1 TITLE	a la		NISHART, DORT L		ge Addition	
NAME	WISHART, DORI L		1.2 NAME		1111	O RICHARDS CT			
STREET ADDRESS	265 N. BARFIELD DRIVE	1.3 STREET ADDRESS		44	MARCO ISLAND, FL 34145				
CITY-ST-ZIP	MARCO ISLAND FL 34145	DELETE	1.4 CITY- 2.1 TITLE	S1-ZIP	1778	ICCO TENNOTIC 341	7) Chan	oe Addition	
NAME	ST Wishart, Blake R		2.1 TITLE 2.2 NAME		1.15	SHART, BLAKE R	☐ Criadi	Ac T Manuou	
STREET ADDRESS	265 N. BARFIELD DRIVE			2.3 STREET ADDRESS		40 RICHARDS CT MARCO ISLAND FL 3414)			
CITY-ST-ZIP	MARCO ISLAND FL 34145			2.4 CITY-ST-ZIP		ISLAND EL 7414	15		
TITLE	100 100 110	DELETE	3.1 TITLE				Chang	ge Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST - ZIP					
TITLE		☐ DEL <b>ete</b>	4.1 THILE				☐ Chan	ge Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	I ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY -	ST-ZIP	ļ				
TITLE		☐ DELETE	5.1 TITLE				∐ Chang	ge 🔲 Addition	
NAME OTRECT ADDRESS			5.2 NAME	, ADDDEGG					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - : 6.1 THLE	01-715	<del> </del>		☐ Chang	ge Addition	
NAME			6.2 NAME					,	
STREET ADDRESS				ADDRESS					
					1				

14. I 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 suppliemental 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 coupartion or the receiptor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if pranting or on an attachment with an address.

BLAKE WISHART I

1/28/98

642.2373

**FILED** 

Feb 03 1998 8:00am

Secretary of State

CR0E034 (10/07)