

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # P96000077235 (5)

1. Corporation Name

CUSTOM CLOSETS BY TECHLINE, MIAMI, INC.

Principal Place of Business

3850 N MIAMI AVE
MIAMI FL 33127

Mailing Address

3850 N MIAMI AVE
MIAMI FL 33127-2906

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

WATTS, JAMES T JR
3850 N MIAMI AVE
MIAMI FL 33127

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

4. FEI Number

65 070 7642

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. 199.032,
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 607.0502 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 and undertake with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
D
WATTS, JAMES T JR
3850 N MIAMI AVE
MIAMI FL 33127
☐ DELETE

12.2 NAME
☐ DELETE

12.3 NAME
☐ DELETE

12.4 NAME
☐ DELETE

12.5 NAME
☐ DELETE

12.6 NAME
☐ DELETE

12.7 NAME
☐ DELETE

12.8 NAME
☐ DELETE

12.9 NAME
☐ DELETE

12.10 NAME
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE
☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE
☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE
☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

14. I do 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 305 573-1001

Daytime Phone #

CR2E034 (9/96)