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

**PROFIT** CORPORATION ANNUAL REPORT

1998

ř

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an alta

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028224 (8)

ARTISTIC CLOSET DESIGNS, INC.

Principal Place of Business Mailing Address 4015-F PINES INDUSTRIAL DRIVE 4015-F PINES INDUSTRIAL DRIVE **ROCKLEDGE FL 3295**5 **ROCKLEDGE FL 32955** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0740107 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOTTO, JOAN 4015-F PINES INDUSTRIAL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ROCKLEDGE FL 32955 В3 84 City в5 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. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE TITLE 1.1 TITLE PRES/DIR NAME 1.2 NAME MARIO DOTTO STREET ADDRESS 1.3 STREET ADDRESS 4015-F INDUSTRIAL DRIVE CITY-ST-ZIP 1.4 CITY-ST-ZIP ROCKLEDGE, FL 32955 DELETE TITLE 2.1 TITLE Change Addition V.PRES/SECTY/DIR NAME 2.2 NAME JOAN DOTTO STREET ADDRESS 2.3 STREET ADDRESS 4015-F INDUSTRIAL DRIVE CITY-ST-ZIP 2 4 CITY - ST - ZIP ROCKLEDGE, FL 32955 DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 7/1LE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 61 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 the distance of the corporation or the receiver the distance of the corporation of of the corporat

28.1998

**FILED** 

May 07 1998 8:00am

Secretary of State