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

Mailing Address

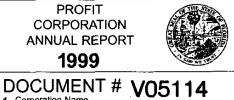
**PROFIT** CORPORATION ANNUAL REPORT

1999

J L CLOSET SYSTEMS, INC.

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90253 044 \*\*\*150.00

|--|

2621 N FED HM	2621 N. FEDERAL HWY BOCA RATON FL 33431							
US	7.1					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 01/09/1992		
2 Principal PI	ace of Business	2a. Mailing Address				4. FEI Number	I A	pplied For
21	26				65-0303669		ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				_	\$8.75	Additional
22		27	Cano, riph n, vio.			5. Certifcate of Status Desired		equired
City & State		City & State	<u> </u>			6. Election Campaign Financing	\$5.00	May Be
23		28	1 '			Trust Fund Contribution	•	to Fees
Zip				Country 8. This corporation owes the current year intangible				
24	25	`	30			Personal Property Tax.		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent	
		<u></u>		81	Name			
FISC	Her, Lee S					(200		
6730	NW 75TH PL			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PARKLAND FL 33067				83				
				84	City	FL	85 Zip	Code
		and 607 1509 Florida Statuta	s the el		namod cor		anging its	s registered
office or re agent. I ar	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized ida Stati	by tutes.	he corporat	poration submits this statement for the purpose of chiton's board of directors. I hereby accept the appointment	nent as re	egistered
SIGNATURE			<u> </u>			red when reinstating) DATE		
	Signature, typed or printed name of registered agent		13.	Agent	signature requir	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	OFFICERS AND DIRECTORS  DELETE		1.1 TI	n e			Change	Addition
1	•	beee,e	1.2 NA			•		
NAME	FISCHER, LEE 6730 NW 75TH PL							
STREET ADDRESS	D. ( D. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				ADDRESS			
CITY-ST-ZIP		VS DELETE 2.11		TY-ST	-ZIP		7 Change	☐ Addition
TITLE	~~					·		
NAME	FISCHER, JAMIE			ME	-			
STREET ADDRESS	2621 N FEDERAL HWY				ADDRESS			}
CITY-ST-ZIP	BOCA RATON FL			ITY-ST	-ZIP		7 Channa	Addition
TITLE	☐ DELETE 3.1					L	] Change	Addition
NAME			3.2 NA					Į.
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			_	ITY-ST	-ZiP		7 Ch	
TITLE		☐ DELETE	4.1 TT		ĺ	Ł	Change	☐ Addition
NAME			4.2 N	AME.	-			
STREET ADDRESS			4.3 ST	REET.	ADDRESS			-
CiTY-ST-ZiP				TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE			l	Change	☐ Addition
NAME			5.2 NA					ļ
STREET ADDRESS			5.3 S1	REET.	ADDRESS			
CITY-ST-ZIP	5.4			TY-ST	-ZIP			
TITLE		☐ DELETE	6.1 T	RE		Ι	Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 S1	REET.	ADDRESS			<b>S</b>

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 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #