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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V66707 (3)

1. Corporation Name
CLOSET DESIGN GROUP, INC.



Principal Place of Business
C/O 2255 GLADES RD.
SUITE 405-EAST
BOCA RATON FL 33431

Mailing Address
C/O 2255 GLADES RD.
SUITE 405-EAST
BOCA RATON FL 33431

3. Date Incorporated or Qualified 09/23/1992
3a. Date of Last Report 01/23/1996

2. Principal Place of Business
21 1000 CLINT MOORE RD
Suite, Apt. #, etc.

2a. Mailing Address
26 1000 CLINT MOORE RD
Suite, Apt. #, etc.

4. FEI Number 65-0357084
Applied For Not Applicable

22 SUITE 101
City & State

27 SUITE 101
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 BOCA RATON, FL
City & State

28 BOCA RATON, FL
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33487 Zip 25 USA Country

29 33487 Zip 30 USA Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORAE, MITCHELL T.
2255 GLADES RD.
SUITE 405-EAST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name MICHAEL A. DiMedio
82 Street Address (P.O. Box Number is Not Acceptable) 269 NW 64th ST
83
84 City BOCA RATON FL 85 Zip Code 33487

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 *Michael A. DiMedio* MICHAEL A. DiMedio 1-14-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	DIMEDIO, MICHAEL	
STREET ADDRESS	3055 WINDSOR PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	DIMEDIO, VICTORIA	
STREET ADDRESS	3055 WINDSOR PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	269 NW 64th ST
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	269 NW 64th ST
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address.

SIGNATURE: *Michael A. DiMedio* MICHAEL A. DiMedio 1-14-97 (561) 241-1445
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)