

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 12:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V68151 (2)

1. Corporation Name

THE CLOSET DOOR COLLECTION, INC.

Principal Place of Business
**2741 NE 4TH AVE.
POMPANO BEACH FL 33064**

Mailing Address
**2741 NE 4TH AVE.
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date first reported to the state
09/29/1992

3a. Date of Last Report
05/17/1994

4. FIC Number
65-0365205

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. The corporation has liability for intangible tax under § 199.032,
Florida Statute ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

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22. State Agent

27. State Agent

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23. City

28. City & State

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24. County

29. County

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROCK, MARK
2741 NE 4TH AVE.
POMPANO BEACH FL 33064**

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, the president of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business 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 199.035, Florida Statutes.

Signature of Officer

Signature of Registered Agent (Not required if the registered agent is the same as the officer)

Signature of Registered Agent (Not required if the registered agent is the same as the officer)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

**D
BROCK, MARK
2741 NE 4TH AVE.
POMPANO BEACH FL**

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST. OR ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST. OR ZIP

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11. STREET ADDRESS

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41. STREET ADDRESS

42. CITY, ST. OR ZIP

43. NAME

44. NAME

45. STREET ADDRESS

SIGNATURE:

Mark Brock

MARK W. BROCK

5/1/95

(305) 942-2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR