FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S86755 (3)

1. Corporation Name

SUNSTATE DRAPERY SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
3830 S NOVA RD SUITE C-4 PORT ORANGE FL 32127 US	3830 S NOVA ROAD SUITE C-4 PORT ORANGE FL 32127 US

3. Date Incorporated or Qualified: 10/11/1991
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-3088781 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address 26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

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

9. **Name and Address of Current Registered Agent**

LABIAK, ROBERT P.
102 SPRINGWOOD SQ
PORT ORANGE FL 32118

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 5/1/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LABIAK, ROBERT P.	
STREET ADDRESS	102 SPRINGWOOD SQ	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	V	☐ DELETE
NAME	LABIAK, ELIZABETH M.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE	S	☐ DELETE
NAME	LABIAK, PAMELA E.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE	2V	☐ DELETE
NAME	LABIAK, DAVID C.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] ROBERT P. LABIAK 5/1/96 904 761-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)