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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

3830 S NOVA RD
SUITE C-4
PORT ORANGE FL 32127
US

Mailing Address

3830 S NOVA ROAD
SUITE C-4
PORT ORANGE FL 32127
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1991

4. FEI Number

59-3088781

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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

ROBERT P LABIAK

82 Street Address (P.O. Box Number is Not Acceptable)

1327 WAYNE AVE

83

84 City

NEW SMYRNA BEACH FL

85 Zip Code

32168

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Registered Agent signature required when reinstating)

DATE

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 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 recorder 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

3/16/98 9:17:12 AM

CR2E034 (10/97)