

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90001 041 \*\*\*150.00

DOCUMENT # S86755

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LABIAK, ROBERT P.  
1327 WAYNE AVENUE  
NEW SMYRNA BEACH FL 32168

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ROBERT LABIAK PRESIDENT

2/10/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LABIAK, ROBERT P.	
STREET ADDRESS	102 SPRINGWOOD SQ	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LABIAK, ELIZABETH M.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LABIAK, PAMELA E.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE	2V	<input type="checkbox"/> DELETE
NAME	LABIAK, DAVID C.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT P LABIAK	
1.3 STREET ADDRESS	1327 WAYNE AVE	
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELIZABETH M. LABIAK	
2.3 STREET ADDRESS	2126 S. RIVERSIDE DR	
2.4 CITY-ST-ZIP	EDGEWATER FL 32141	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAMELA E. LABIAK	
3.3 STREET ADDRESS	233 E. 89th ST., Apt 2C	
3.4 CITY-ST-ZIP	NY, NY 10128	
4.1 TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID C. LABIAK	
4.3 STREET ADDRESS	2916 INDIA PALM	
4.4 CITY-ST-ZIP	EDGEWATER, FL 32141	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LABIAK

Date

2/10/99

Daytime Phone #

9047619499

CR2E034 (11/98)