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

Mailing Address

US

26

3561 N.W. 54TH STREET MIAMI FL 33142

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 3561 N.W. 54TH STREET

2. Principal Place of Business

MIAMI FL 33142

21



FLORIDA DEPARTMENT OF STATE

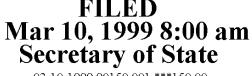
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 287778

1. Corporation Name

STYLE-VIEW PRODUCTS INC



03-10-1999 90150 001 ***150.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

12/14/1964 4. FEI Number

59-1087851

Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	□ \$8./3 Additional Fee Required		
!2		27	.,			- Fee Re	quired-~ ·
City & State					Election Campaign Financing Trust Fund Contribution	55.00 Added to	
Zip	Country	28	Cour	ntrv	8. This corporation owes the curre		
-	25	29	30	,	Personal Property Tax.		□No
4 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Agent	
	5. Maine and Address of Curren	it registered rigerii		81 Name		<u> </u>	
CAPLAN, MARK 3561 N.W. 54TH STREET MIAMI FL 33142							
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				84 City		FL 85 Zip C	Code
					i haifa bhi a bana de abha		rogistored
11. Pursuant i	to the provisions of Sections 607.050)2 and 607.1508, Florida Sta of Florida, Such change wa	itutes, the at s authorized	ove-named corp by the corporation	poration submits this statement for the on's board of directors. I hereby accep	purpose of changing its t the appointment as re	gistered
agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505,	Florida Statu	tes.			=
SIGNATURE							
- CICIATORE	Signature, typed or printed name of registered ager			Agent signature require		DATE	00.151.40
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	Р	☐ DELETE	1.1 TIT	LE		Change	☐ Addition
NAME	CAPLAN, MARK A		1.2 NA	ME		•	
STREET ADDRESS	3561 N.W. 54TH STREET		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-ZIP			
TITLE	STD	☐ DELETE	DELETE 2.1 TO			Change	Addition Addition
NAME	CAPLAN, MARK A		2.2 NA	ME		•	
STREET ADDRESS	3561 N.W. 54TH STREET		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2 4 CI	ry-ST-ZIP	المن المن المن المن المن المن المن المن		
TITLE	D DELETE		3.1 TIT		,	☐ Change	Addition
NAME	CAPLAN, ALBERT		3.2 NA	ME			
STREET ADDRESS	3561 N.W. 54TH STREET		1	REET ADDRESS			
	MIAMI FL			ry-st-zip			
CITY-ST-ZIP TITLE	IAITAMA L F	☐ DELETE	4.1 111			☐ Change	Addition
			4. 2 N				
NAME				REET ADDRESS	•		
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CH	Y-ST-ZIP		☐ Change	[] Addition
TITLE			5.1 III 5.2 NA	1	•		
NAME			- 1	REET ADDRESS		•	
STREET ADDRESS							
CITY ST 7ID				Y-ST-ZIP		Channe	[] Addisi-
		☐ DELETE	6.1 TT			☐ Change	Additio
CITY-ST-ZIP TITLE							
			6.2 NA				
TITLE			6.3 ST	REET ADDRESS Y-ST-ZIP			

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 applicable 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: