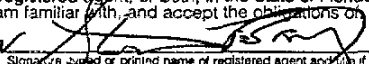
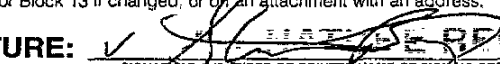


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 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 # 407587 (5) 1. Corporation Name SUTTON DRAPERIES, INC					
Principal Place of Business 1762 N.E. 205 TERRACE NORTH MIAMI BCH FL 33179		Mailing Address 1762 N.E. 205 TERRACE NORTH MIAMI BCH FL 33179			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1411467	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent SUTTON, NANCY 20308 NE 34 DELVISTA CT NORTH MIAMI BEACH FL 33180				10. Name and Address of New Registered Agent	
				81 Name STEVEN BARG	
				82 Street Address (P.O. Box Number is Not Acceptable) 1762 NE 205 TERR	
				83	
				84 City No Miami Beach	85 Zip Code 33179
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:  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☒ DELETE			
NAME	SUTTON, NANCY				
STREET ADDRESS	20308 NE 34 DELVISTA CT				
CITY-ST-ZIP	N MIAMI BCH, FL 0				
TITLE	VPD	☐ DELETE			
NAME	BARG, STEVEN				
STREET ADDRESS	833 HERON ROAD				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	VPD	☐ DELETE			
NAME	COLENZO, VICKIE				
STREET ADDRESS	1200 EAST HAWTHORNE CIR.				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	President, DIRECTOR	☒ 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 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:  (NOTE: Registered Agent signature required when reinstating) DATE					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)