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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 417200

1. Corporation Name

DRAW DRAPES AND CARPETS OF SOUTH FLORIDA, INC

Principal Place	e of Business	Maili	ng Address				(1991)1 0-401 1121-12010 1121-12010 1121-1			
2020 HARRISON ST. HOLLYWOOD FL 33020			2020 HARRISON ST. HOLLYWOOD FL 33020							
		HOLL					DO NOT WRITE IN THIS SPACE			
•							3. Date Incorporated or Qualifed	TING OF AGI	-	
	•						01/22/1973			
2 Principal PI	lace of Business	2a. N	failing Address				4. FEI Number		App	lied For
21	idoc or Dusirious	26	, too				59-1440953	<u> </u>	+	Applicable
Suite, Apt. 1	#, etc.		uite, Apt. #, etc.					\$8.	75 A	Iditional
22	.,	27					5. Certifcate of Status Desired	F	ee Req	uired
City & State	e		City & State				6. Election Campaign Financing	\$5	.00 ٨	lay Be
23		28					Trust Fund Contribution	Ac	ided to	Fees
- Zip	Country	Z	ip	Col	ıntry		8. This corporation owes the current y			· · · /
24	25	29		30			Personal Property Tax.	X Ye:	s [JNo
	9. Name and Address	of Current Registe	red Agent		1053		10. Name and Address of New Regis	stered Agent		
1 474	AD LAMPENCE				81	Name				ļ
	AR, LAWRENCE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	S.W. 21 COURT									
PLAF	ntation fl 33312				83					Í
					84	City		85	Zip Ci	ode
						,		FLII		<u></u>
		- 607 0502 607	1500 Florido State	utos the s	<u></u>	a-named car	moration submits this statement for the nur	ose of changi	na its r	egistered
11. Pursuant office or reagent. I'ar	(Weekhills	48U					rporation submits this statement for the purition's board of directors. I hereby accept the	·	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or prefed before of the	registered agent and title if a	pplicable. (NO	TE: Registere			red when reinstating)	DATE	. •. ••	t · ·
SIGNATURE	Stighature, typed or prededigame of a	48U	pplicable. (NO		d Agent		the second se	DATE	ECTOR	t · ·
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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 supplied ental 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP