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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 456590

(9)

RICHARDS' DRAPERY INTERIORS, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 24 1997 8:00am Secretary of State



MIAMI FL 33189 US		MIAMI FL 33189-2127 US					
					3. Date Incorporated or Qualified 07/09/1974	3a. Date of Last Report 02/05/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-1541254	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E. Carlifficate of Status Decised	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	try	B. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25	29	30			Yes No	
9. Name and Address of Current Registered Agent				<b>.</b>	10. Name and Address of New Registered Agent		
	SMONE, RICHARD W.			Name		1	
	4 SW 199 TERRACE		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 83189				The terminal in the track is the track is the track is the track in the track is th		
			8	13			
		•		4 City		les Zin Code	
mi '				1 '		FL 85 Zip Code	
11. Pursuant to	to the provisions of Sections 607 egistered agent, or both, in the s	7.0502 and 607.1508, Florida Statu State of Florida, Such change was	tes, the abo authorized	ove-named corp by the corpora	poration submits this statement for the potion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
agent. I a SIGNATURE	m familiar with, and accept the c	obligations of, Section 607.0505, Fi	lorida Statu	les.			
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable (NO	It Registered	Agent signature requi	red when reinstaling)	DATE	
12.		S AND DIRECTORS	13.	_	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PD			Ē		Change Addition	
NAME	DIESMONE, RICHARD W.		1.2 NAN	KE .		-	
-STREET ADDRESS 8114 S.W. 199 TERR.			1.3 S1A	EET ADDRESS			
CITY-ST-ZIP	MAMI FL		1.4 CiTY	- \$1 - ZIP		l:	
TITLE	SD DELETE		2.1 T/IL			Change Addition	
NAME	DIESMONE, DEANNA D		2.2 NAM				
STREET ADDRESS 8114 S.W. 199 TERR.			2.3 STREET ADD				
CITY-ST-ZIP	MIAM! FL			r-S1-ZIP			
TITLE	DELETE		3 1 TITL			Change Addition	
NAME			3.2 NAW	ıF.			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		•		(-ST-ZIP			
TITLE	DELETE		4.1 TITL	·····		Change Addition	
NAME		_ ***	4. 2 NAM			Change C Addition	
STREET ADDRESS				'ET ADDRESS			
CITY-ST-ZIP				- ST-ZIP		1	
TITLE		DELETE	5 1 111L			Change Addition	
NAME	L. Octob		5.2 NAM	- 1		Em onerige En Addition	
STREET ADORESS				ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	54 GHY 61 101	- S1 - ZIP		Change Addition	
NAME		_ ottic				Li Grange Li Adorton	
			62 NAM	•			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-SI-ZIP			

I do 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 eath; 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.