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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 624714

(2)

R.A.D.P. DRAPERIES, INC.

Principal Place of Business	Mailing Address
701 ALBATROSS STREET	701 ALBATROSS STREET

## **FILED** May 09 1997 8:00am Secretary of State

Marani di Hiro	0 1 5 40 100				****			ı				
								_	<ol> <li>Date Incorporated or Quality</li> <li>07/11/1979</li> </ol>		te of Last I 06/1996	
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address						7	4. FEI Number		^	pplied For	
21 26							59-1956193			lot Applicable		
Suite, Apt. #, etc.						5. Certificate of Status Desire-	<b>д</b> 🔲		Additional			
22										Required		
City & State			City & State					6. Election Campaign Financi	ng []	,	May Be	
<b>23</b> ] Zip	Countr		<b>8</b> ] <b>7</b> ip		Oc.	ountry			Trust Fund Contribution			to Fees
24	25	21			30	, c., , c. <b>,</b>		1	<ol><li>This corporation has liabilit Florida Statutes</li></ol>		tax under ☐ No	s. 199.032,
	9. Name and Addre			ıt	1001			··-···	IQ. Name and Address of Ne			
PEU	IRIFOY, ROBERTA A.					81	Name					
	ALBATROSS STREE					B2	Ctroot /	Addrone	(P.O. Box Number is Not Acc	ontable)		
	MI SPRINGS FL 3316					62	Street	Address	(P.O. BOX NUMBER IS NOT ACC	еркавіеј		
*****		. •				83						
						0.4					Teel 7:-	- Carlo
						84	City			FL	<b>85</b> Zip	Code
11. Pursuant to office or reagent. Lar	to the provisions of Sect egistered agent, or both m familiar with, and acc	tions 607.0502 and in the State of Floor opt the obligations	d 607.1508, Flo orida Such ch s of, Section 60	orida Statut lange was a 07.0505, Flo	es, the a authorize orida Sta	above ed by atutes	e-named the corp 3.	corpora poration	tion submits this statement for 's board of directors. I hereby a	the purpose of accept the app	changing ointment a	its registered s registered
SIGNATURE	Signature, typod or printed nami	o of registered agent and	title il applicable	(NOT)	: Register	ed Age	nt signature	required w	hen reinstating)	DATE	· <u> </u>	
12.		FFICERS AND DIF			13				ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE	PSD		LJ	DELETE	1.1	TITLE					Change	Addition
NAME	PEURIFOY, ROBER				1.2	NAME	1					
STREET ADDRESS	701 ALBATROSS S				1.3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI SPRINGS FI					CITY-S	1 - <b>Z</b> IP					
TITLE	VTD			DELETE	2.1	TITLE	-				Change	Addition
NAME	PEURIFOY, RICHA	RD D.				NAME						
STREET ADDRESS	701 ALBATROSS S						ADDRESS					
CITY-ST-ZIP	MIAMI SPRINGS FI	<u> </u>		Distric		CITY-5	ST-ZIP	<del> </del>		·	116	FT 44 PP
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NAME						NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP			<del>_</del>	DELFTE		CHY-S	S1 - 71P			<del></del>	Change	Addition
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NAME PERCET APPRICES						NAME	Innormal	1				
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELFTE		COY-S	1.78	ļ			Change	Addition
NAME			L.J	DELLIE		NAME			,		onange	E_1 Addition
STREET ADDRESS	1 .						ADDOLOG					
							ADDRESS					
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NAME			<u></u>		- 6	NAME	]					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						oneer Chy-s						
GALL OF ED					0.4	UP11 ()	- k#	1 .				

14. 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.

4/20/00 1200 Shar