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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 654611

SUNCOAST WINDOW TREATMENTS, INC.

- 1 1 1 D		Mailie - Address				I ISBNIA ANGLEMIN STORE ONES IN			
Principal Place		Mailing Address							
14105 MCCORM		14105 MCCORMICK DR.							
TAMPA FL 3362	26-3019	TAMPA FL 33626-3019				DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						02/04/1980			
O Dissipat Di	lane of Business	2a. Mailing Address				4. FEI Number		A	pplied For
— ·	lace of Business	— ·				59-1967839	•		lot Applicable
21	# -t-	26 Suite, Apt. #, etc				39-1907039	· <del>··</del>		Additional
Suite, Apt.	#, etc.	· <del>-</del>			-	5. Certifcate of Status Desired			Required
22		27							
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to rees
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	ent year int	angible □Yes	□No
24	25	29	30		<del></del>	Personal Property Tax.	<u> </u>		
	9. Name and Address of Curren	t Registered Agent		81	NI	10. Name and Address of New I	zegisterea	Agent	
	IFORT MOUEAL I		'	י ויט	Name				
	FORTI, MICHEAL J.		T	82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
	05 MCCORMICK DRIVE		Ĺ			·		-	
IAM	PA FL 33626		1	83					
			-	84 (	City			85 Zip	Code
	•		'	۱ (۳۰	City		FL	.	3000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statuti	es, the abo	ove-n	named corpor	ration submits this statement for the	purpose of	changing it	s registered
office or n	egistered agent, or both, in the State	of Florida, Such change was a	uthorized i	by the	e corporation	i's board of directors. I hereby acce	ot the appoi	intment as r	egistered
			nda Statut	toe					
	im familiar with, and accept the obliga-	tions of, Section 607.0505, Flo	rida Statut	tes.					
SIGNATURE			nda Statut	les.			DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered A	les.	ignature required v			ND DIRECT	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		nda Statut	tes.		when reinstating)		ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE	Registered A  13. 1.1 TITL	tes. Igent si		when reinstating)			ORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J	nt and title if applicable. (NOTE	Registered A  13. 1.1 TITL 1.2 NAM	gent si	ignature required v	when reinstating)			ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND	nt and title if applicable. (NOTE	Registered A  13. 1.1 TITL 12 NAM 1.3 STR	tes.  Agent si	ignature required v	when reinstating)			ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL	nt and title if applicable. (NOTE ID DIRECTORS	Registered A 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITY	gent si	ignature required v	when reinstating)		Change	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST	nt and title if applicable. (NOTE	Registered A	LES.  EE  LEET AL  Y-ST-Z	ignature required v	when reinstating)			ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST CONFORTI, ROSE ANN	nt and title if applicable. (NOTE ID DIRECTORS	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITL 22 NAW	LES.	ognature required v	when reinstating)		Change	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST CONFORTI, ROSE ANN 224 MIDWAY ISLAND	nt and title if applicable. (NOTE ID DIRECTORS	13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITT 2.1 TITL 22 NAW 2.3 STR	E ALE LEET ALE LEET ALE LEET ALE LEET ALE LEET ALE	DDRESS DDRESS	when reinstating)		Change	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST CONFORTI, ROSE ANN	nt and title if applicable. (NOTE ID DIRECTORS DELETE DELETE	Registered A 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITI 22 NAW 2.3 STR 2.4 CIT	LE ALE  AGENT SI  AGENT SI	DDRESS DDRESS	when reinstating)		☐ Change	ORS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST CONFORTI, ROSE ANN 224 MIDWAY ISLAND	nt and title if applicable. (NOTE ID DIRECTORS	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CIT) 22 NAM 23 STR 2.4 CIT 3.1 TITL	E ALE  AEET ALE  AEET ALE  AEET ALE  AEET ALE  Y-ST-Z  E  AEET ALE  Y-ST-Z  AEET ALE  Y-ST-Z  AEET ALE	DDRESS DDRESS	when reinstating)		Change	ORS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST CONFORTI, ROSE ANN 224 MIDWAY ISLAND	nt and title if applicable. (NOTE ID DIRECTORS DELETE DELETE	Registered A 13. 1.1 TITL 12 NAW 1.3 STR 1.4 CITI 22 NAW 2.3 STR 2.4 CIT	E ALE  AEET ALE  AEET ALE  AEET ALE  AEET ALE  Y-ST-Z  E  AEET ALE  Y-ST-Z  AEET ALE  Y-ST-Z  AEET ALE	DDRESS DDRESS	when reinstating)		☐ Change	ORS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST CONFORTI, ROSE ANN 224 MIDWAY ISLAND	nt and title if applicable. (NOTE ID DIRECTORS DELETE DELETE	Registered A  13. 1.1 TITL 12 NAM 1.3 STR 1.4 CIT) 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM	E ALE ELECT ALE  ALE ELECT ALE  ALE  ALE  ALE  ALE  ALE  ALE  ALE	DDRESS DDRESS	when reinstating)		☐ Change	ORS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN P CONFORTI, MICHAEL J 224 MIDWAY ISLAND CLEARWATER FL ST CONFORTI, ROSE ANN 224 MIDWAY ISLAND	IN AND THE IT SPORTS (NOTE ID DIRECTORS DELETE DELETE DELETE	Registered A   13.	E ALE TALL  SET ALE  SEET	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		☐ Change	ORS IN 12 Addition Addition Addition
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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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

SIGNATURE

NAME

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99 813-865 444/ Davime Phone #

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90112 024 \*\*\*150.00

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