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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 690586

JOSEPH KATZABA DRAPERY ROD & INSTALLATION, INC

Principal Place	Mailing Address				(1981) & Sing Sales Sales (Sile Sing Sales Sales (Sile Sing Sales	241 21211			
13680 RALEIGH	LN .	13680-3 RALEIGH LANE	3680-3 RALEIGH LANE						
SUITE H-3		FORT MYERS FL 33919				DO NOT WRITE IN THIS SPACE			
FORT MYERS F	F 33919	•				3. Date Incorporated or Qualified			
						06/16/1981			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For	
21		26				59-2114979	-	ot Applicable	
Suite; Apt. :	#, etc	Suite, Apt. #, etc 2			2	- S	8.75	Additional	
22		27				5. Certifcate of Status Desired	Fee Re	equired	
City & State	9 .	City & State				6. Election Campaign Financing \$5.00 May Be			
		28			Trust Fund Contribution	Added	to Fees		
Zip	——————————————————————————————————————		ntry		8. This corporation owes the current year Intangi		a.		
24	25		30		·····	T GIBBINGT TOPOLITY TOM	Yes	Mo	
	9. Name and Address of Current	Registered Agent		241		10. Name and Address of New Registered Age	<u>nt</u>		
LAT.	ARA IOE			81	Name				
KATZABA, JOE 13680 RALEIGH LANE #H-3				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 33919									
L1. #	MIEUS LE 22818			83					
	• .			84	City	F , 8	5 Zip	Code	
						<u>FL</u>		iotouad	
office or re	egistered agent or both in the State o	of Florida. Such change was at	l by th	named corpor ne corporation	ration submits this statement for the purpose of chan's board of directors. I hereby accept the appointment	nging its e⊓t as r∈	egistered		
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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									
12,	Signature, typed or printed name of registered agent OFFICERS ANI		Registered	Agent	aignature required v	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	DRS IN 12	
TITLE	DP OFFICERS AN	D DELETE	1.1 TI	n.e			Change	· Addition	
NAME	KATZABA, JOSEPH		1.2 N					Ì	
STREET ADDRESS	13680 RALEIGH LANE, #H-3				ADDRESS			İ	
CITY-ST-ZIP	FT MYERS FL		4	TY-ST-				J	
TITLE	STD	₩ DELETE	2.1 π		<u></u>		Change	☐ Addition	
NAME	KATZABA, EILEEN	~ (2.2 N	ME				ł	
STREET ADDRESS	13680 RALEIGH LANE, H-3		- 1		ADORESS .	t and the second of		- \	
CITY-ST-ZIP	FT MYERS FL		1	ITY-ST-					
TITLE	DELETE 3.171					Change	☐ Addition		
NAME			3.2 N	ME					
STREET ADDRESS	-		3.3 S1	REETA	ADDRESS			ì	
CITY-ST-ZIP	, ·			ITY-ST-					
πιε .	·	☐ DELETE	4.1 TI				Change	☐ Addition	
NAME			4. 2 N	AME		,		İ	
STREET ADDRESS			4.3 S1	REET A	ADDRESS				
CITY-ST-ZIP	· ·		4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TT	TLE	-	,	Change	☐ Addition	
NAME		•	5.2 N/	ME		•			
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY-ST-ZIP		<u> </u>		TY-ST-	ZIP				
	. r . sp	☐ DELETE	6.1 TI				Change	☐ Addition	
NAME	Control of the second		6.2 N	ME				ł	

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 granged, or properties a statement with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-481-1420

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90141 012 ***150.00