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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Secretary of State

DIVISION OF CORPORATIONS

1998
DOCUMENT #

F93000003375 (3)

STRETCHWALL INSTALLATIONS, INC.

FILED
May 12 1998 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address		- T LODVICO PILO LELEG VIVIL ESVIL COLIF COLIF	OUIL OUTDO HALLE HARA HULEDI BIHI FOLI
42-03 35TH ST.		42-03 35TH ST.			
LONG ISLAN	D CITY NY 11101	LONG ISLAND CITY NY	11101	DO NOT WRITE IN	THIS SDACE
				3. Date Incorporated or Qualified	ITHIS SPACE
		L.		07/22/1993	
2. Principal F	Place of Business	26. Mailing Address		4. FEI Number	Applied For
21		26		13-3693162	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	А	City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Cur			10. Name and Address of New Regis	tered Agent
	ITTED CORPORATE SERVICES		81 Name		
801 NE 167TH STREET, SUITE 300			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
NC NC	ORTH MIAMI BEACH FL 33162	·			
			83		
			84 City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508. Florida Statut	es the above-named cou	poration submits this statement for the purp	
office or i	registered agent, or both, in the Str im familiar with, and accept the ob-	ate of Florida. Such change was a	authorized by the corpora	poration submits this statement for the purp ation's board of directors. I hereby accept the	e appointment as registered
_	an laminar with, and accept the op-	ilgations of, Section 607,0305, FR	orida statutes.		
SIGNATURE	Signature typed or printed turne of registered		€ Registered Agent signature requ	lired when reinstating)	DATE
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PEDMAN MOCI	☐ DELETE	1.1 TITLE		Change Addition
NAME	BERMAN, JOEL 1470 HEWLETT AVENUE		1.2 NAME		
STREET ADDRESS	HEWLETT NY 11517		1.3 STREET ADDRESS		
CITY-ST-ZIP	S S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BERMAN, JAN DAVID	pretit	2.7 TILE 2.2 NAME		Change C Wontion
STREET ADDRESS	5 SALEM ROAD		23 STREET ADDRESS		f
CITY-ST-ZIP	WILTON CT 06697		2. 4 CITY-ST-ZIP	٠.	
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 roport or supplemental fundal roport who 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 roteiter or trustee employeed 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 attroducing by an addition of the corporation of the corporatio

SIGNATURE:

STREET ADDRESS

4/27/98

(918) 729-2020