

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 # J90594

1. Corporation Name

WINDOW TREATMENT MFGRS., INC.

Principal Place of Business

**13812 WRIGHT CR
TAMPA FL 33626
US**

Mailing Address

**13812 WRIGHT CR
TAMPA FL 33626
US**

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90093 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1987

4. FEI Number

59-2837589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☒ No

9. Name and Address of Current Registered Agent

**DAVIS, SHELDON P.
100 S. ASHLEY DR.
SUITE 890
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Sheldon P. Davis**
82 Street Address (if table) **405 Overbrook**
83
84 City **Bellair** FL 85 Zip Code **33756**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	SPENCER, LISA	13812 WRIGHT CR	TAMPA FL	<input type="checkbox"/>
P	SPENCER, SCOTT	13812 WRIGHT CR	TAMPA FL	<input checked="" type="checkbox"/>
S	SPENCER, ROBERT C.	13812 WRIGHT CR	TAMPA FL	<input type="checkbox"/>
T	ZINSMEISTER, DANIEL C.	32 E NEW HAVEN AVE	MELBOURNE FL	<input type="checkbox"/>
V	SPENCER, RICKY T	13812 WRIGHT CR	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Spencer, Lisa Ann	13812 Wright Circle	Tampa FL 33626	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)