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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1- Cornoral	JMENT # J933	13	(1)							
	VATIVE DRAPERIES AND		ORS, INC.							
			·							
Principal Pla	ace of Business		Mailing Address	<del></del>						
1	ITEE AVE. W.	'	4900 MANATEE AVE. W							
STE 101			STE 101	•			DO NOT WENT	= 15.1 =1.02	200405	
BRADENTO US	N FL 34209		BRADENTON FL 34209 US				DO NOT WRIT  3. Date Incorporated or Qualified	E IN THE	SPACE	
00			us				09/15/1987			• •
2. Principal	Place of Business	2	a. Mailing Address				4. FEI Number		A	pplied For
21		26	<del></del>				65-0020981		N	ot Applicable
Suite, Ap	ot. #, etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & St	ate	27	City & State				6. Election Campaign Financing			May Be
23		28	¬ '				Trust Fund Contribution			to Fees
Zip	Country		Zip	Coun	itry		8. This corporation owes or has p	aid the c	urrent year in	tangible
24	25	29		30			Personal Property Tax due Jun			□ No
	9. Name and Address of Cu	rrent Heg	istered Agent		81	Name	10. Name and Address of New R	egistere	a Agent	
	MEISSNER, GREGORY C.			Ľ	Ĺ					
1111 THIRD AVENUE W. SUITE 150				18	82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
l	BRADENTON FL 34205			1	83				· <u> </u>	
-				1	84	City			. 85 Zip	Code
						•		F	L	
11. Pursuar office of	nt to the provisions of Sections 607. r registered agent, or both, in the S	0502 and tate of Flo	607.1508, Florida Statu rida. Such change was	tes, the abo authorized	ove-	named corp the corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose pt the ap	of changing in opointment as	its registered registered
i amenti	am familiar with, and accept the of	hligations	of Section 607 0505 E	larida Statu						
1		onganon.o	01, 0000011 007,0000, 1	ionga Statu	Res.					
SIGNATURE							d when reinstating)	DATE		4 · · ·
1		d agent and ti	ille if applicable. (NO					DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered OFFICERS PTD	d agent and ti AND DIRI	itle if applicable. (NO	13. 1.1 TITL	Agent E		od when reinstating)	DATE		
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not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the Information supplied with this filing does no indicated on this annual report or supplemental annual report is tru officer or director of the corporation or the recover or trustee emboration of the recover or trustee emboration of the recover or trustee emboration and the recover of the recover

SIGNATURE:

**FILED** 

Jan 30 1998 8:00am

Secretary of State