

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L66607** (7)

1. Corporation Name
HARRY KULICK, INC.

Principal Place of Business
**C/O HARRY KULICK
1210 STIRLING RD. #88
DANIA FL 33004-3536**

Mailing Address
**C/O HARRY KULICK
1210 STIRLING RD. #88
DANIA FL 33004-3536**

APPROVED
AND
FILED
95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1990	3a. Date of Last Report 06/20/1994
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 65-0202707		3b. Date of Last Report	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under S. 194.11(2) Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**HARRY KULICK
1210 STIRLING
DANIA FL 33026**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0501 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 this 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 of person certified under registered agent act (if registered agent) or signature of registered agent (if not registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	DPS KULICK, HARRY 2020 SEA GRAPE AVENUE PEMBROKE PINES FL	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP		13.3 CITY, ST, ZIP	
12.4 NAME	DT KULICK, HARRY 2020 SEA GRAPE AVENUE PEMBROKE PINES FL	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP		13.6 CITY, ST, ZIP	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(4)(a) 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 manage 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.

SIGNATURE:

Harry Kulick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY KULICK

5-5-95
Date

920-5032
Telephone Number

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Secretary of State
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FILED

55 MAY 16 1995

SECRET - NOT STATE
TREASURER, FLORIDA

DOCUMENT # L67488

(1)

1. Corporation Name

DRAPERY CRAFTSMEN INC.

Principal Place of Business

**C/O DOROTHY JURANKO
18542 US HWY 19
CLEARWATER FL 34624**

Mailing Address

**C/O DOROTHY JURANKO
18542 US HWY 19
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1990

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3017487

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**

9. This corporation has liability for additional tax under C-100-005,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

Zip

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

Zip

29

City

30

State

9. Name and Address of Current Registered Agent

**JURANKO, DOROTHY
18542 US HWY 19
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
JURANKO, DOROTHY
400 S. METOR
CLEARWATER FL**

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**STD
MACK, LILLIE
2185 24TH ST. S.W.
LARGO FL**

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: X

Dorothy Juranko
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
Dorothy JURANKO

X 5/10 /95 X 530 4451