

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M06019 (7)

1. Corporation Name

SUNCOAST WINDOW TREATMENTS NORTH INC.

Principal Place of Business

Mailing Address

C/O MICHAEL CONFORTI  
14105 MCCORMICK DRIVE  
TAMPA FL 33626

C/O MICHAEL CONFORTI  
14105 MCCORMICK DRIVE  
TAMPA FL 33626



2. Principal Place of Business

2a. Mailing Address

21 15 SPIELMAN ROAD  
Suite, Apt. #, etc.

26 15 SPIELMAN ROAD  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 FAIRFIELD N.J.  
Zip Country

28 FAIRFIELD N.J.  
Zip Country

24 07004 25 ESSEX

29 07004 30 ESSEX

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/04/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

58-1586189

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CORPORATE INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GALVANO, LINDA  
STREET ADDRESS 32 KULICK ROAD  
CITY-ST-ZIP FAIRFIELD NJ

TITLE ST ☒ DELETE

NAME PARZANESE, JOSEPH  
STREET ADDRESS 32 KULICK ROAD  
CITY-ST-ZIP FAIRFIELD NJ

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S.T. ☒ Change ☐ Addition

1.2 NAME GALVANO, LINDA  
1.3 STREET ADDRESS 15 SPIELMAN ROAD  
1.4 CITY-ST-ZIP FAIRFIELD N.J. 07004

2.1 TITLE P. ☐ Change ☒ Addition

2.2 NAME CEFALU, FRANK  
2.3 STREET ADDRESS 15 SPIELMAN ROAD  
2.4 CITY-ST-ZIP FAIRFIELD N.J. 07004

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(3)(k), 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:

*Linda Galvano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA GALVANO

Date

2/1/96 201-575-1399

Daytime Phone #

CR2E034 (12/95)