

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

ANNUAL REPORT
1997



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

FILED
Feb 25 1997 8:00am
Secretary of State

DOCUMENT # M06019 (7)
SUNCOAST WINDOW TREATMENTS NORTH INC.

15 SPIELMAN ROAD
FAIRFIELD NJ 07004
US

Mailing Address
15 SPIELMAN ROAD
FAIRFIELD NJ 07004-3403
US

3. Date Incorporated or Qualified 10/04/1984 3a. Date of Last Report 02/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 58-1586189

Applied To Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Country 25

28. Zip Country 29 30

8. This corporation has liability for intangible tax under s. 193 of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81. Name

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

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a duly qualified and duly licensed Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent for both the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section 607.0505, Florida Statutes.

12. List of officers and directors of corporation and their applicable

(NOTE: Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST GALVANO, LINDA ☐ DELETE
15 SPIELMAN ROAD
FAIRFIELD NJ
P
CEFALU, FRANK ☐ DELETE
15 SPIELMAN ROAD
FAIRFIELD NJ

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

500002097895
-02/26/97--01008--011
***165.00

VB225

14. I, the undersigned, 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 furnished 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 in person by the 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 has not been changed, or an attachment with an address.

SIGNATURE: *Linda Galvano* *Secretary* 2/19/97-201-575-1399

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature