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

**PROFIT** CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

appears in Block 12 or Bl

SIGNATURE:

CITY ST 20



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000081540 (3)

MICHAEL'S CUSTOM WINDOW TREATMENTS INC.

Principal Place of Business Mailing Address 4270 NW 19TH AVE., #7C 4270 NW 19TH AVE. #7C POMPANO BEACH FL 33084 POMPANO BEACH FL 33084-8717 3. Date Incorporated or Qualified 3a. Date of Last Report 10/20/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0617347 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARIGLIO, MICHAEL 4270 NW 19TH AVE., #7C 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. MICHAEL CARIGUO resident 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE President Change Addition RISCH, KAREN MICHAEL CARIGUO NAME 1.2 NAME 403 NW 32ND CT., APT. 111 4170 NOW 19TH AUR #76 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33064 City - \$1 - Zif 1.4 CITY-ST-ZIP DELETE THLE 2.1 TITLE Change Addition NAV: 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - 28 2.4 CITY-ST-ZIP DELETE TILLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY - ST-ZIP 1000 □ DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY \$1-709 4.4 CITY-ST-ZIP DELETE ☐ Change THEF 5.1 TITLE \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY: ST. 74º 54 CITY-ST-ZIP DELETE HILE 61 TITLE Change Addition

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do 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

FILED Apr 30 1997 8:00am Secretary of State

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