

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90111 007 \*\*\*150.00

0329635

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000084068**

1. Corporation Name  
**DRAPERIES ETC., INC.**



Principal Place of Business  
**4360 NORTHLAKE BLVD. SUITE 205  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**4360 NORTHLAKE BLVD. SUITE 205  
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **916 SE 5th Ave**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **913 SE 5th Ave**  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
**11/02/1995**

4. FEI Number  
**65-0655042**  
Applied For  
Not Applicable

22 City & State  
23 **Delray Beach**

27 City & State  
28 **Delray Beach**

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

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

24 Zip **33483** 25 Country

29 Zip **33483** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN E. WASHOFSKY, E.A., P.A.  
4360 NORTHLAKE BLVD, SUITE 205  
PALM BEACH GARDENS FL 33410**

81 Name **Arlene H. Malloch**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**913 SE 5th Ave**  
83  
84 City **Delray Beach** FL 85 Zip Code **33483**

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.

(NO "E" Registered Agent signature required when reinstating)

DATE

**4-13-99**

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **PD**  
NAME **MALLOCH, ARLENE**  
STREET ADDRESS **4360 NORTHLAKE BLVD, SUITE 205**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

1.1 TITLE **P.D.**  
1.2 NAME **Arlene Malloch**  
1.3 STREET ADDRESS **913 SE 5th Ave**  
1.4 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-13-99 561-265-1181**

CR2E034 (11/98)