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

**PROFIT** CORPORATION ANNUAL REPORT

: 1999: . ..



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000015559

STYLECRAFT WINDOW TREATMENTS, INC.

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Principal Plac	ce of Business	Mailing Address						1110\$1 03101 3110	. 81410 1811 1881
501 NINTH ST	REET N	501 NINTH STREET N							
ST PETERSBU	IRG FL 33701	ST PETERSBURG FL 3370	1			DO NOT W	NTC 41 TIME		
		•				3. Date Incorporated or Qualife		SPACE	· · · · · · · · · · · · · · · · · · ·
						02/20/1996	ų		
2 Principal 6	Place of Business	2a. Mailing Address				4. FEI Number		Δ,	plied For
21	,	26				59-3365701		<del></del>	t Applicable
Suite, Apt	. #. etc.	Suite, Apt, #, etc.				33 3000101		\$8.75	<del></del>
22		27				5. Certifcate of Status Desired			equired
City & Sta	ate	City & State				6. Election Campaign Financing		\$5.00	May Be
23	1	28				Trust Fund Contribution	<b>'</b> 🗆		to Fees
Zip	Country	Zip	Co	ıntry		8. This corporation owes the cu	rrent year In	tangible	
24	25	29	30			Personal Property Tax.	,	Yes	□No
	9. Name and Address of Currer					10. Name and Address of New	Registered	Agent	
100	(AL A TUEODOODE II			81 1	Name				
C. ALDA	AL, A. THEORDORE II	3 83		82 5	Street Addre	ess (P.O. Box Number is Not Accep	itable)		
	NINTH STREET N			`			:	19.8 . a.	2.500.00.000
51 1	PETERSBURG FL 33701			83					3 18 18 4
				84 (	City		<u>er samme</u>	85 Zip (	ode .
				10-1	City		FI	63   Zip '	
11. Pursuant	t to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was a	es, the a	bove-n	named corpore	oration submits this statement for th	e purpose of	f changing its intrnent as re	registered gistered
office or agent. I a	registered agent, or both, in the State am familiar with and accept the obligation of the obligation o	of Florida. Such change was a tight of the state of the such that the state of the such that the suc	uthorize rida Stat	d by the lutes.	e corporatior	n's board of directors. I hereby acc	ept the appo	intment as re	gistered
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SIGNATURE  12.	registered agent, or both, in the State am familiar units and occept the obligation of the obligation	of Florida. Such change was a stigns of, Section 607.0505, Flo	:: Registerer 13. 1.1 Ti	d by the tutes.	e corporation	n's board of directors. I hereby acc	ept the appo	intrnent as re  2/98  ND DIRECTO	gistered PRS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90022 006 \*\*\*150.00

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