## 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 # P9700006017

1. Corporation Name

DISTINCTIVE DRAPERY INC.

Prin	cipal Pl	ace of	Business
7241	STATE	ROAD	52

Mailing Address

7241 STATE BOAD 52

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90049 028 \*\*\*150.00



HUDSON FL 34	ON FL 34667 HUDSON FL 34667								
					DO NOT WR	ITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	•			
					01/15/1997	_			
2. Principal Place of Business 2a. Mailing Address			4. FEI Number		Applied For				
21 H202 FIREFLY ST 26 H202 FIRE FL			EPL	- Y	59-3276397		Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 7	Additional Required		
22   27						\$5:0	O May Be		
23 SPRING HILL FL 28 SPRING HIL			f/LL	JF Z	Trust Fund Contribution	Trust Fund Contribution Added to Fees			
			Country	01	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No				
24 34609   25 MS 29 39001 30 U				الال	Personal Property Tax. ☐ Yes ☐ No  10. Name and Address of New Registered Agent				
•	9. Name and Address of Current F	Registered Agent	81	Name		registered Agent			
IAAI	CON HIDV		"	INGIII	•				
JANSON, JUDY			82	82 Street Address (P.O. Box Number is Not Acceptable)					
7241 STATE ROAD 52							· · · · · · · · · · · · · · · · · · ·		
HUU	SON FL 34667		83			1			
<del> </del>			84	,	,	FL   T	p Code		
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligatio	ns of, Section 607.0505, Florida	onzea by	the cor	d corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing in the appointment as	ts registered registered		
SIGNATURE		d title if applicable. / (NOTE: Rec	<u>JCLL</u> gistered Ager	1 signatur	required when reinstating)				
12.	OFFIDERS AND		13.		ADDITIONS/CHANGES TO OF				
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	e 🔲 Addition		
NAME	JANSON, JUDY		1.2 NAME						
STREET ADDRESS	14202 FIREFLY ST		1.3 STREET	ADDRES	S .				
CITY-ST-ZIP	SPRING HILL FL 34609		1,4 CITY-S	T- ZIP					
TITLE	VP	☐ DELETE	2.1 TITLE			Change	e		
NAME	JANSON, ROBERT		2.2 NAME			•			
STREET ADDRESS	14202 FIREFLY ST		2.3 STREET	T ADORES	5				
CITY-ST-ZIP	SPRING HILL FL 34609		2. 4 CITY-S	T-ZIP					
TITLE	0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	3.1 TITLE			- Change	e 🔲 Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	T ADDRES	5				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE		·	☐ Change	e		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET		3				
CITY-ST-ZIP			4.4 CITY- S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET		5		.		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRES	5				
CITY-ST-ZIP			6.4 CITY-S	T-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: