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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000093904**1. Corporation Name

A.L.C. CUSTOM WINDOW TREATMENTS INC.

	801 MAPLEWOOD DRIVE SUITE 20 JUPITER FL 33458
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FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90053 029 ***150.00



Principal Pla	ce of Business	Mailing Address				- 170012801 210 1011/2 1001/2 50 11	I BBIRL BBRIT BBILL (iido iiki o i o iil	
801 MAPLEWOOD DRIVE 801 MAPLEWOOD DRIVE									
SUITE 20 SUITE 20						20.407.4			•.
JUPITER FL 33458 JUPITER FL 33458						3. Date Incorporated or Qualif	RITE IN THIS S	SPACE	
							eu ,		į
2. Principal f	Place of Business	2a. Mailing Addre	SS			10/31/1997 4. FEI Number			oplied For
21		26				65-0786124		<u> </u>	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #,	etc.					\$8.75	
22		27				5. Certifcate of Status Desired			equired
City & Sta	ite	City & State				6. Election Campaign Financin	ng 🗀	\$5.00	May Be
23		28			****	Trust Fund Contribution	" D	•	to Fees
Zip	Country	Zip		ountry		8. This corporation owes the c	urrent year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81 N	lame	10. Name and Address of Nev	w Registered A	gent	
SKE	RIDULIS, ARLAYNE			",	variie				
	MAPLEWOOD DRIVE			82 5	Street Addre	ss (P.O. Box Number is Not Acce	ptable)		
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JUP	PITER FL 33458							対域が	
				84 C	ity	\$4. T			Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida	Statutes the	ahove-na	med cornor	ration submits this statement for the	FL	hanging its	rocistored
Office or	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change	e was authorize	ed by the	corporation	n's board of directors. I hereby acc	cept the appoint	ment as re	gistered
. , agent. re	-	adons of, Section 607.05	ous, Florida Sta	nutes.		•			· :
0.01147.105									
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent sig	nature required v	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. ND DIRECTORS	(NOTE: Registere		nature required v	when reinstating) ADDITIONS/CHANGES TO (DATE OFFICERS AND	DIRECTO	DRS IN 12
	Signature, typed or printed name of registered age OFFICERS AI		13		nature required v		OFFICERS AND	DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	.ETE 1.11).	nature required v	ADDITIONS/CHANGES TO C	OFFICERS AND		
12. TITLE	Signature, typed or printed name of registered app OFFICERS AI P SKRIDULIS, ARLAYNE	ND DIRECTORS	.ETE 1.11 1.21	TITLE		ADDITIONS/CHANGES TO C	OFFICERS AND		
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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.

SIGNATURE: