FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78038** **(4)**

1. Corporation Name
SPINNAKER DRAPERY CO., INC.

Principal Place of Business	Mailing Address
3331 N.W. 82 AVENUE MIAMI FL 33122	3331 N.W. 82 AVENUE MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1991	3a. Date of Last Report: 05/23/1994
4. FEI Number: 65-0289184	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BLOOM, KENNETH M
650 RIVERGATE PLAZA
444 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: CRAIG B. SHERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3050 BISCAYNE BLVD., SUITE 600
83
84 City: MIAMI FL 85 Zip Code: 33137

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: Craig B. Sherman — Craig B. Sherman — 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HERSHFIELD, ALAN	12 NAME	
STREET ADDRESS	3331 NW 82ND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	HERSHFIELD, LARRY	22 NAME	
STREET ADDRESS	3000 SAND HILL RD #155	23 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	24 CITY-ST-ZIP	
TITLE	~~S~~	31 TITLE	S ☒ Change ☐ Addition
NAME	~~MENDEZ, HILDA~~	32 NAME	HERSHFIELD, HELENE
STREET ADDRESS	~~3331 NW 82ND AVE~~	33 STREET ADDRESS	3331 NW 82ND AVENUE
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	MIAMI, FL
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

AH 5/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X _____ 4/21/95 305 592-2349
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120006 CP