

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

002324

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90001 041 ***150.00

DOCUMENT # S86755

1. Corporation Name SUNSTATE DRAPERY SERVICES, INCORPORATED



Principal Place of Business 3830 S NOVA RD SUITE C-4 PORT ORANGE FL 32127 US

Mailing Address 3830 S NOVA ROAD SUITE C-4 PORT ORANGE FL 32127 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified 10/11/1991

4. FEI Number 59-3088781 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 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

LABIAK, ROBERT P. 1327 WAYNE AVENUE NEW SMYRNA BEACH FL 32168

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 ROBERT LABIAK PRESIDENT 2/10/99 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	LABIAK, ROBERT P.	
STREET ADDRESS	102 SPRINGWOOD SQ	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	V	DELETE
NAME	LABIAK, ELIZABETH M.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE	S	DELETE
NAME	LABIAK, PAMELA E.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE	2V	DELETE
NAME	LABIAK, DAVID C.	
STREET ADDRESS	4885 ARECA PALM ST	
CITY-ST-ZIP	COCOA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	Change	Addition
1.2 NAME	ROBERT P LABIAK		
1.3 STREET ADDRESS	1327 WAYNE AVE		
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		
2.1 TITLE	VP	Change	Addition
2.2 NAME	ELIZABETH M. LABIAK		
2.3 STREET ADDRESS	2126 S. RIVERSIDE DR		
2.4 CITY-ST-ZIP	EDGEWATER FL 32141		
3.1 TITLE	S	Change	Addition
3.2 NAME	PAMELA E. LABIAK		
3.3 STREET ADDRESS	233 E. 89th ST., Apt 2C		
3.4 CITY-ST-ZIP	NY, NY 10128		
4.1 TITLE	2VP	Change	Addition
4.2 NAME	DAVID C. LABIAK		
4.3 STREET ADDRESS	2916 INDIA PALM		
4.4 CITY-ST-ZIP	EDGEWATER, FL 32141		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
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: ROBERT LABIAK 2/10/99 9047619499

CRZE034 (11/98)