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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **M70126** **(1)**

1. Corporation Name
**STRICTLY BLINDS, INC.**

Principal Place of Business
**3020-3 FAIRLANE FARMS RD**
**WELLINGTON FL 33414**

Mailing Address
**3020-3 FAIRLANE FARMS RD**
**WELLINGTON FL 33414-8740**

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 11490 Okeechobee Blvd | 26 11490 Okeechobee Blvd |
| Suite, Apt. #, etc. 22 #3 | Suite, Apt. #, etc. 27 #3 |
| City & State 23 Royal Palm Beach, Fl | City & State 28 Royal Palm Beach, Fl |
| Zip 24 33411 / Country 25 USA | Zip 29 33411 / Country 30 USA |

3. Date Incorporated or Qualified: **02/25/1988**
3a. Date of Last Report: **03/19/1996**
4. FEI Number: **65-0029183** — 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

9. Name and Address of Current Registered Agent
**SCHUSTER, DONNA SUE**
**14638 AUTUMN AVE.**
**WELLINGTON FL 33414**

10. Name and Address of New Registered Agent
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: Donna Schuster (NOTE: Registered Agent signature required when reinstating) DATE: 2/20/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | V ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHUSTER, STUART PERRY | 1.2 NAME | |
| STREET ADDRESS | 14638 AUTUMN AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WELLINGTON FL | 1.4 CITY-ST-ZIP | |
| TITLE | P ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHUSTER, DONNA SUE | 2.2 NAME | |
| STREET ADDRESS | 14638 AUTUMN AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WELLINGTON FL | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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.

**SIGNATURE:** Donna Schuster — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2/11/97 — Daytime Phone # 561-798-0220

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