FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

	1996	DIVISION O	CORPORATIONS		
DOCUN 1. Corporation		13 (5)			
•	A-BLIND CLEANING CO	IRP			
Of III4L 7	A DEIND CEENNING CO	vrur•		! #66 W. G. G. H. H. H. F. G. G. H.	
Principal Place of Business		J	Mailing Address		
3000 HIGH RIDGE ROAD STE. 6		3000 HIGH RIDGE RD STE. 6			
BOYNTON BE	ACH FL 33426	BOYTON BEACH FL 3 US	126	3. Date Incorporated or Qualified	3a. Date of Last Report
US				07/02/1987	03/20/1995
2. Principal Pla	~ ^	2a. Mailing Address		4. FEI Number 59-2834604	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc			Not Applicable \$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Electron Campaign Financing	\$5.00 May Be
2 3 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability to in	Added to Fees tangible tax under s 199.032,
24	25	29	30	Florida Statutes Yes	- 1
	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name	What sterk	
STERN, ARLENE 13487 LA MIRADA CAFE WELLINGTON FL 33414			82 Street Add	ress (P.O. Box Nurren is Not Acceptable	<u> </u>
			83 1001	11 W 10 DUTER	<u> </u>
WELLING	110M FL 33414			,	
			84 City Dell	ra s	FL BS ZPCOP
11. Pursuant to	o the provisions of Sections 607.	0502 and 607.1508, Florida Statut	es, the above named corpo	ration submits this statement for the purporal of directors. Thereby accept the appro-	ose of changing its registered office
familiar with	h, and accept the obligations of	Section 607.0505, Florida Statutes).	and of directors. Thereby accept the appo	Loulal
SIGNATURE _	Signature, typico or printed name or apartered	Fagers and title if applicable (NC	DE Registered Agent Signature resona	ici when out acid ici	2//90
12.		S AND DIRECTORS	J 13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	T	DEFE 14	1 THUE		Change Addition
NAME	STERN, STEVEN	#0	1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	3000 HIGH RIDGE ROAD BOYNTON BEACH FL	, # 0	1.3 STREET ADORESS 1.4 City-St-Zip		
TITLE	P	DELF1E	2 17/16		Change Addition
NAME	STERN, ARLENE		2.2 NAME		
STREET ADDRESS	3000 HIGHRIDGE RD., #	6	2.3 STHEET ADDRESS		
C-1Y-S*-7IP T-TLF	BOYNTON BEACH FL	DELFTE	2.4 C(1Y-S1-Z(P) 3.1 TILE		Change Addition
NAME			3 ? NAME		Li onungo Li rodano i
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP			3.4 CHY-S1-7⊮		
THILE		☐ DELFTE	4 13/16		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City+St+7iP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAM:		
STREEL ADDRESS			5.3 STREET ADDRESS		
C-TY-ST-7:P			5.4 C(1Y) ST Z(P) 6.1 T(TLE		Change Addition
TITLE NAME		Clotter	6.2 NAME		C country C vacation
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST-7IP			64 C-TY-ST-7 P		
14. I do hereby certify that	certify that the information supp	plied with this filing is voluntarily fundannual report or supplemental and	nished and does not qualify nual report is true and accoun	for the exemption stated in Section 119.0 ate and that my signature shall have the s	97(3)(k), Florida Statutes. I further same legal effect as if made under
oath; that I	am an officer or director of the	corporation or the receiver or truste i, or on an attack nept with an acc	ee empowered to execute th	is report as required by Chapter 607, Flo	rida Stalutes; and that my name
	11.11	10/ AT. 1.		2/01/1/	1000000
SIGNAT	URE: //////	DED OR BRINTED NAME OF SIGNING OFFIC	ED OD DIDECTOR	9/46/96	5 8 d 7270
	GIGNATURE AND ITE	CO STIPMINE OF SIGNING OFFIC	L. G. DIFFECTOR	/ 500-7	, my m m a read to the