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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 08, 1999 8:00 am Secretary of State Katherine Harris

04-08-1999 90069 003 ***150.00

1. Corporation	MENT # G07027 S & BLINDS BEAUTIFUL, INC) .						
Principal Place of Business Mailing Address					- 3 1809111 1881 18811 18811 84118 11011 1067 91971 61911	1 2) E	818() BIB(1881	
5122 EDGEWATER DR 5122 EDGEWATER DR								
STE 200 STE 200						3405		
ORLANDO FL 32810-5229		ORLANDO FL 32810-5229 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			ı
US		US			11/02/1982			ı
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	A	oplied For	ĺ
21		26			59-2236441		ot Applicable	
	#, etc	Suite, Apt. #etc	سان سانید داد ایسا				Additional	l
22		27			5. Certificate of Status Desired	Fee R	equired	l
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			1
Zip Country		Zip Country		<i>†</i>	8. This corporation owes the current year Intangible			
24	25	11	10		Personal Property Tax. 10. Name and Address of New Registered Ag		age INO	1
	9. Name and Address of Current	Registered Agent	81	Name	10, Italia and Address of Item Registered Af	JV111		1
MCG	RATH, JANICE V.	•				_		Ì
5122 EDGEWATER DR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
STE 200			83	 				ĺ
ORL					C - L -			
			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 regist 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								
3,0,0,0,0	Signature, typed or printed name of registered agent a	<u> </u>		nt signature required		DIDESE		1 6
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO ☐ Change	ORS IN 12 Addition	1
TITLE	PD NOCEDATH INNICE V	☐ pcreie	1.1 IIILE 1.2 NAME		'			}
NAME	MCGRATH, JANICE V. DDRESS 5122 EDGEWATER DR., STE 200			T ADDRESS				3
STREET ADDRESS	ODI ANDO EL		1.4 CITY-S	ĺ				}
CITY-ST-ZIP TITLE	DELETE		2.1 TITLE	21 * Edit		Change	Addition	1 8
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CITY-ST-ZIP			2. 4 CITY-		•]
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STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 C/TY-3	ST-ZIP		Change	Addition	1
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Madi@0ti	}
NAME			6.2 NAME	l l				Ì
STREET ADDRESS			1	ET ADDRESS				
CITY, ST. 7ID	l		6.4 CITY-S	31-4IF				ŧ

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: _

FAIL JANICE V. MCGRATH (407) 578-6000
RDIRECTOR 11 /C 100 Date Dayline Phone #