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 MAY -1 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H18445** **(7)**

1. Corporation Name
VERTICAL BLIND MANUFACTURERS CORP.

Principal Place of Business	Mailing Address
416 COMMERCE WAY, UNIT C LONGWOOD FL 32750	416 COMMERCE WAY, UNIT C LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/27/1984**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
416 COMMERCE WAY, UNIT C
LONGWOOD FL 32750

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)
416 COMMERCE WAY, UNIT C
LONGWOOD FL 32750

4. FEI Number: **59-2467600** ☐ 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

LLOPIZ, JOSEPH
416 COMMERCE WAY, UNIT C
LONGWOOD FL 32750

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DPS**	11 TITLE	☐ Change ☐ Addition
NAME	**LLOPIZ, JOSEPH**	12 NAME	
STREET ADDRESS	**416 COMMERCE WAY, UNIT C**	13 STREET ADDRESS	
CITY-ST-ZIP	**LONGWOOD FL**	14 CITY-ST-ZIP	
TITLE	**S**	21 TITLE	☐ Change ☐ Addition
NAME	**LLOPIZ, SYLVIA**	22 NAME	
STREET ADDRESS	**416 COMMERCE WAY, UNIT C**	23 STREET ADDRESS	
CITY-ST-ZIP	**LONGWOOD FL**	24 CITY-ST-ZIP	
TITLE	**V**	31 TITLE	☐ Change ☐ Addition
NAME	**LLOPIZ, OSCAR**	32 NAME	300001488333
STREET ADDRESS	**416 COMMERCE WAY UNIT C**	33 STREET ADDRESS	-05/16/95--01022--010
CITY-ST-ZIP	**LONGWOOD FL**	34 CITY-ST-ZIP	****200.00 ****200.00
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	

JB 5/12

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: Joseph Llopiz JOSEPH LLOPIZ 4-4-95 407-339-7400
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041948 CP