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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 PM 12:24

DOCUMENT # **J81655** **(9)**

1. Corporation Name
DESIGNER BLINDS MANUFACTURER, INC.

Principal Place of Business	Mailing Address
210 NORTH GOLDENROD ROAD ORLANDO FL 32807	210 NORTH GOLDENROD ROAD ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1987
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 59-2827583 ☐ 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

~~POUZAR, WILLIAM W.~~
~~369 N NEW YORK AVE~~
~~THIRD FLOOR~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

01 Name: LIM, NORMAN
02 Street Address (P.O. Box Number is Not Acceptable):
03: 1606 COUGAR COURT 32708
04 City: WINTER SPRINGS FL 05 Zip Code: ~~32789~~

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	POUZAR, WILLIAM W.	1.2 NAME	
STREET ADDRESS	369 N NEW YORK AVE Delete	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAN, FRANCIS	2.2 NAME	
STREET ADDRESS	2300 LAWRENCE AVE., E. Delete	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH, ONT. CANA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAN, LINETTE	3.2 NAME	
STREET ADDRESS	2300 LAWRENCE AVE., E. Delete	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH, ONT. CANA	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	LIM, NORMAN	4.2 NAME	
STREET ADDRESS	1606 COUGAR COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	LIM, ANNA	5.2 NAME	
STREET ADDRESS	1606 COUGAR COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	MITCHER, EDWARD	6.2 NAME	
STREET ADDRESS	3758 IDLEBROOK CR. #214 Delete.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP	

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: X NORMAN G. LIM 5/22/95 (407) 658 8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067834 CP