

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J81655 (9)

1. Corporation Name

DESIGNER BLINDS MANUFACTURER, INC.



Principal Place of Business

210 NORTH GOLDENROD ROAD  
ORLANDO FL 32807

Mailing Address

210 NORTH GOLDENROD ROAD  
ORLANDO FL 32807

3. Date Incorporated or Qualified  
07/02/1987

3a. Date of Last Report  
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

LIM, NORMAN  
369 N NEW YORK AVE  
1606 COUGAR COURT  
WINTER SPRINGS FL 32708

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS          | CITY - ST - ZIP        | DELETE                              |
|-------|--------------------|-------------------------|------------------------|-------------------------------------|
| D     | POUZAR, WILLIAM W. | 369 N NEW YORK AVE      | WINTER PARK FL         | <input checked="" type="checkbox"/> |
| C     | CHAN, FRANCIS      | 2300 LAWRENCE AVE., E.  | SCARBOROUGH, ONT. CANA | <input checked="" type="checkbox"/> |
| D     | CHAN, LINETTE      | 2300 LAWRENCE AVE., E.  | SCARBOROUGH, ONT. CANA | <input checked="" type="checkbox"/> |
| P     | LIM, NORMAN        | 1606 COUGAR COURT       | WINTER SPRINGS FL      | <input type="checkbox"/>            |
| ST    | LIM, ANNA          | 1606 COUGAR COURT       | WINTER SPRINGS FL      | <input type="checkbox"/>            |
| VP    | MITCHER, EDWARD    | 3756 IDLEBROOK CR. #214 | CASSELBERRY FL         | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN LIM

4/24/96

407 658 8008

Date

Daytime Phone #

CR2E034 (12/95)