

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

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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J92427** (0)

1. Corporation Name:
VERTICAL BLINDS ETC., INC.

Principal Place of Business C/O SCOTT SPENCER 801 DUNBAR AVE. OLDSMAR FL 34677	Mailing Address C/O SCOTT SPENCER 801 DUNBAR AVE. OLDSMAR FL 34677-2914
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2. Principal Place of Business 21 13812 Wright Circle		2a. Mailing Address 26 13812 Wright Circle		3. Date Incorporated or Qualified 09/11/1987	3a. Date of Last Report 02/27/1996
Suite, Apt. #, etc. 22 Tampa, FL		Suite, Apt. #, etc. 27		4. FEI Number 59-2853386	Applied For <input type="checkbox"/> Not Applicable
City & State 23 xxxxxxxx		City & State 28 Tampa, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33626	Country 25 Hillsborough	Zip 29 33626	Country 30 Hillsborough	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent DAVIS, SHELDON P. 100 S. ASHLEY DR. SUITE 890 TAMPA FL 33602				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, LISA A		1.2 NAME Lisa Ann Spencer	
STREET ADDRESS 801 DUNBAR		1.3 STREET ADDRESS 13812 Wright Circle	
CITY-ST-ZIP OLDSMAR FL		1.4 CITY-ST-ZIP Tampa, FL 33626	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, SCOTT W		2.2 NAME Scott W. Spencer	
STREET ADDRESS 801 DUNBAR		2.3 STREET ADDRESS 13812 Wright Circle	
CITY-ST-ZIP OLDSMAR FL		2.4 CITY-ST-ZIP Tampa, FL 33626	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, ROBERT C.		3.2 NAME Robert C. Spencer	
STREET ADDRESS 10506 SPRINGHILL DR		3.3 STREET ADDRESS 13812 Wright Circle	
CITY-ST-ZIP SPRINGHILL FL		3.4 CITY-ST-ZIP Tampa, FL 33626	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZINSMEISTER, DANIEL C.		4.2 NAME 	
STREET ADDRESS 32 E NEW HAVEN AVE		4.3 STREET ADDRESS 	
CITY-ST-ZIP MELBOURNE FL		4.4 CITY-ST-ZIP 	
TITLE V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, RICKY T		5.2 NAME Ricky T. Spencer	
STREET ADDRESS 801 DUNBAR AVE		5.3 STREET ADDRESS 13812 Wright Circle	
CITY-ST-ZIP OLDSMAR FL		5.4 CITY-ST-ZIP Tampa, FL 33626	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP 	

14. I do 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.

SIGNATURE: *Lisa Ann Spencer* **Lisa Ann Spencer, Vice President** 1/7/97 813-854-2429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)