

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K41223** (4)

1. Corporation Name
ALL KINDS OF BLINDS, INC.



Principal Place of Business: **% MORRIS D. SCOP, 20600 N.E. 20TH CT., N. MIAMI BEACH FL 33179-2279**
 Mailing Address: **% MORRIS D. SCOP, 20600 N.E. 20TH CT., N. MIAMI BEACH FL 33179-2279**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** County **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** County **30**

3. Date Incorporated or Qualified: **10/26/1988**
 3a. Date of Last Report: **04/19/1995**
 4. FEIN Number: **81-7450200** 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SCOP, MORRIS D.
20600 N.E. 20TH CT.
N. MIAMI BEACH FL 33179**

81 Firm
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City, **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 601.17(4) and 601.21(4), Florida Statutes, the above named corporation is submitting this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, newly appointed or by a majority of the shareholders, and I accept the obligations of Section 601.21(4), Florida Statutes.

SIGNATURE

12. SIGNATURE AND TITLE OF OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOP, MORRIS D.	
STREET ADDRESS	20600 N.E. 20TH CT.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCOP, IVOR C.	
STREET ADDRESS	9940 SW 102 AVE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOP, ERIC M.	
STREET ADDRESS	3350 NE 192ND ST 5 CT	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAVELO, ORESTES, JR.	
STREET ADDRESS	11921 N.W. 11TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scop, Eric M.	
STREET ADDRESS	1213 Falls Boulevard	
CITY-ST-ZIP	Fort Lauderdale, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clavelo, Orestes, Jr.	
STREET ADDRESS	11802 SW St Court	
CITY-ST-ZIP	Cooper City, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I, the undersigned, certify that the information supplied in this filing is voluntary, furnished and is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. I further certify that the information is not false or misleading, and I am not aware of any information that would cause me to believe that the information is false or misleading. I further certify that I am an officer or director of the corporation, or the name or business name of the corporation is properly listed on the report, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: **3/26/96** (305) 623-7878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)