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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
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3. Date Incorporated or Qualified 10/26/1988	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21 4724 NW 165 Street Suite, Apt #, etc	2a. Mailing Address 26 4724 NW 165 Street Suite, Apt #, etc	4. FEI Number 81-7450200	Applied For Not Applicable
22 City & State Miami, FL	27 City & State Miami, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33014	28 Zip 33014	29 Country USA	30 Country USA
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCOP, MORRIS D. 20600 N.E. 20TH CT. N. MIAMI BEACH FL 33179				10. Name and Address of New Registered Agent			
81	Name			81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)			82	Street Address (P.O. Box Number is Not Acceptable)		
83				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOP, MORRIS D.	1.2 NAME	
STREET ADDRESS	20600 N.E. 20TH CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOP, IVOR C.	2.2 NAME	
STREET ADDRESS	9940 SW 102 AVE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOP, ERIC M.	3.2 NAME	
STREET ADDRESS	1213 FALLS BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAVELO, ORESTES, JR.	4.2 NAME	
STREET ADDRESS	11802 SW 51 COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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:  **Morris Scop** 4/29/97 (305) 623-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)