

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

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L17939 (4)**

1. Corporation Name  
**DRAPERIES & BLINDS UNLIMITED, INC.**



Principal Place of Business 624 S. FEDERAL HWY. DEERFIELD BCH. FL 33441	Mailing Address 624 S. FEDERAL HWY. DEERFIELD BCH. FL 33441
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1989</b>	
21	22	26	27	4. FEI Number <b>65-0149107</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VIGORITA, LOUIS 3908 S. OCEAN BLVD. M-348 HIGHLAND BCH. FL 33487				81	Name <b>VIGORITA, F. LOUIS</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>624 S. FEDERAL HWY</b>		
				83			
				84	City	State	85
		<b>DEERFIELD BCH.</b>	<b>FL</b>	<b>33441</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIGORITA, F. LOUIS</b>	1.2 NAME	<b>VIGORITA, F. LOUIS</b>
STREET ADDRESS	<b>3908 S. OCEAN BLVD. M-348</b>	1.3 STREET ADDRESS	<b>624 S. FEDERAL HWY.</b>
CITY-ST-ZIP	<b>HIGHLAND BCH. FL 33487</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BCH, FL 33441</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIGORITA, PATRICA C</b>	2.2 NAME	<b>VIGORITA, PATRICA C.</b>
STREET ADDRESS	<b>3908 S. OCEAN BLVD. M-348</b>	2.3 STREET ADDRESS	<b>1153 HILLSBORO MILE #15</b>
CITY-ST-ZIP	<b>HIGHLAND BCH. FL 33487</b>	2.4 CITY-ST-ZIP	<b>HILLSBORO, BCH. FL 33062</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURIER, SCOTT R.</b>	3.2 NAME	<b>P</b>
STREET ADDRESS	<b>3057 NW 48TH AVENUE</b>	3.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *F. Louis Vigorita* 1/19/97 954-428-7188

CFR2E034 (10/97)