

1st Notice
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M29019 ✓
1. Corporation Name
GULF COAST AMERICAN BLIND CORPORATION

Principal Place of Business
4723 EXCHANGE AVENUE
NAPLES FL 33942

Mailing Address
4723 EXCHANGE AVENUE
NAPLES FL 33942

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90013 029 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2654464		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DIAZ, CARLOS A.
5050 BRITTON CT 655 HENLEY DR.
NAPLES FL 33942 34104

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, CARLOS A. 1224 COMMONWEALTH CIR #106 NAPLES FL 34104 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 HENLEY DR. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, MARIA D. 1224 COMMONWEALTH CIR #106 NAPLES FL 34104 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 HENLEY DR. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, EDELMIRA 80 BRAMPTON LANE NAPLES FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, FERMIN 80 BRAMPTON LANE NAPLES FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, ANGEL 2928 50TH TERR S.W. NAPLES FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

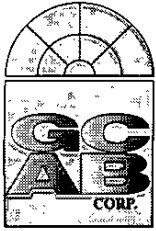
6/30/99

Date

Daytime Phone #

941-643-2455

CR2E034 (5/99)



GULF COAST AMERICAN BLIND CORP.

A Full-Line **HunterDouglas** Fabricator

M29019
582643-90013-29

June 30, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: 1999 Profit Corp. Annual Report

To Whom It May Concern:

Today we received our "2nd Notice" to file our annual report. We never received a "1st Notice" and do not feel it is our fault to have not returned it in time.

Enclosed is our check for \$150.00 for the usual filing fee plus the completed 2nd Notice. I would very much appreciate your understanding in this matter. Should you have any questions or comments or need further clarification, please contact me at: 941-643-2455, extension 1200. If I don't pick up, please have the operator page me or leave me a voice message and I will return your call promptly. Also, any written correspondence please put to my attention, **Ellen Weigel**, for immediate processing.

Thank you for your consideration.

Sincerely,

Ellen J. Weigel,
Accounting Manager

Enclosures