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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

. Corporatio	MENT # M640 ITIC VERTICAL BLIND, INC	•))	J. 0.011 A10U UM
nnopal Place	e of Business	Mailing Address					
765 S.W. 15TH AVENUE DELRAY BEACH FL 33444		765 S.W. 15TH AVENUE DELRAY BEACH FL 33444					
					3. Date Incorporated or Qualified 01/08/1988	3a. Date of Last 01/24/19	
Principal Plane of Business		2a. Mailing Address			4. FEI Number 65-0020480		Applied For
Suite, Apt.	#, etc	Suile, Apt. #, el	lc.		5. Certificate of Status Desired		Not Applicable 5 Additional
City & State	······································	City & State			6. Election Campaign Financing	\$5.	Required May Be
l Ζφ	Gountry	28 Zip	Cou	intry	Trust Fund Contribution 8. This corporation has liability for	Add	led to Fees
	9. Name and Address of Curr	29	30	·	Florida Statutes Yes	s 🔲 No	5 199,032,
	5. Name and Address of Curt	rent negistered Agent		81 Name	10. Name and Address of New F	Registered Agent	
	GER, DWAYNE			82 Street Add	ress (P.O. Box Number is Not Acceptat	hlei	
765 S.W. 15TH AVENUE DELRAY BEACH FL 33444				83			
DECIMA	DEACH FL 33944						
				84 City			Zip Code
	ith, and accept the obligations of, So	orida. Such change was aut ection 607.0505, Florida Sta	thorized by the calutes.	corporation's boa	oration submits this statement for the put and of directors. I hereby accept the app	pointment as registere	ed agent. I am
GNATURE	Signature, typed or protect name of registerial ag	50000 007.0305, 1 Johna Sta	(NOTE Rogistered	Agont signature require		DATE ICERS AND DIRECT	ORS IN 12
GNATURE _ F	Signature, typed or protect name of registerial ag	graf and frib it applicable	(NO*E Registered 13. 1 1 Ti	Agent signature require	ed wher reinstating)	DATE	ORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #