

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 14 PM 3: 32

**DOCUMENT # P93000044144 (2)**

1. Corporation Name

**BLINDS, SHADES + MORE INC.**

Principal Place of Business

123 NW 43RD ST.  
BOCA RATON FL 33431  
US

Mailing Address

123 NW 43RD ST.  
BOCA RATON FL 33431  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/22/1993**  
3a. Date of Last Report: **03/25/1994**

4. FEI Number: **65-0436317**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21 **426 E. ATLANTIC**

Suite, Apt. #, etc

22 City & State

23 **DELRAY BEACH, FL**

Zip

24 **33483**

2a. Mailing Address

26 **426 E. ATLANTIC**

Suite, Apt. #, etc

27 City & State

28 **DELRAY BEACH, FL**

Zip

29 **33483**

Country

30 **PALM BEACH**

9. Name and Address of Current Registered Agent

**SEIZ, GREGORY E**  
123 NW 43RD ST.  
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**426 E. ATLANTIC AVE.**

83

84 City

**DELRAY BEACH FL**

85 Zip Code

**33483**

10. Name and Address of New Registered Agent

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: Type a printed name of registered agent and the 1 applicable

DATE: Registered Agent signature required when installing

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SEIZ, GREGORY E</b>
STREET ADDRESS	<b>123 NE 43RD ST.</b>
CITY ST ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>426 E. ATLANTIC AVE</b>
1.4 CITY ST ZIP	<b>DELRAY BEACH, FL 33483</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a person 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:

*[Handwritten Signature]*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GREGORY E. SEIZ**

(Title)

(Date) **1/2/95**

**407 - 278 - 0900**