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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P93000046347	(9)
SOUTHERN BLINDS	& VERTICALS OF BOYNTON	BEACH.

FILED
May 09 1997 8:00am
Secretary of State

C.	ERN BLINDS & VERTICAL			H, IN	·							
Principal Place of Business 3095 \$ MILITARY TRAIL #26 LAKE WORTH FL 33463 Mailing Address 12710 KEY LIME BLVD SUITE 7 WPB FL 33412-1410							s regulari sia salah tirisi dalah dalah dalah dalah bilah kulah tirisi dalah rebi					
US		US					3.	Date Incorporated or Qu	ualified		e of Last R	eport
								06/25/1993		05/0	1/1996	
	lace of Business	 	iling Address				4.	FEI Number				plied For
Suite, Apt. +	# nto	26	te, Apt. #, etc.					65-0433556				t Applicable
	#. e(G	 -	ie, Api. #, eic.				5.	Certificate of Status Des	sired		\$8.75	Additional equired
City & State	n	27 City	/ & State					Election Campaign Final	ncina		\$5.00	<u> </u>
3		28		:				Trust Fund Contribution			Added	
Zip	Country	Zip		Сог	intry	·	8.	This corporation has liat				
4	25	29		30				Florida Statutes		Yes [
	9. Name and Address of Curr	rent Registered	d Agent				10.	Name and Address of	New Reg	latered A	gent	4
COI	LLINS, RICHARD				81	Name						
	'10 KEY LIME BLVD.				82	Street Addre	ress (F	P.O. Box Number is Not A	cceptable	B)	,	······
WE:	ST PALM BCH. FL 33412				-			···			<u></u>	
					83							
					84	City				FL	85 Zip	Code
office or re	registered agent, or both, in the Sti	ate of Florida Soligations of Sec	Such change was ction 607.0505. F	utes, the a s authorize Florida Sta	bove- d by t tutes.	named corp the corporati	tion's t	on submits this statement board of directors. I herel	for the pu by accept	the appo	intment as	registered
SIGNATURE	Signature, typical or printed name of registered	l agent and litte If app	licable (NC	OFE: Registere		named corp the corporati	red wher			DATE		
SIGNATURE.	Signature, typical or printed name of registered OFFICERS A		licable (NC	OFE: Registere	d Agent		red wher			DATE RS AND	DIRECTOR	IS IN 12
SIGNATURE.	Signature, type-1 or printed name of registered OFFICERS /	l agent and litte If app	licable (NC	77E: Registere 13.	d Agent		red wher	n rainslating)		DATE RS AND		IS IN 12
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. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental anpragreport 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 composition of the receiver of rustee empowered to execute this report as required by Ghapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if phanges, or on a state of the anadoress.

SIGNATURE:

4/24/47 561 965-1183