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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010916 (2)

FACTORY ONE BLINDS, INC.

Principal Plac	e of Business	Mailing /	Mailing Address				
6900 14TH STREET WEST		6500 14	6500 14TH STREET WEST				
STE. B		STE. B	STE. B				DO NOT WRITE IN THIS SPACE
BRADENTON	FL 34207	BHADEN	BRADENTON FL 34207				3. Date Incorporated or Qualified
							02/04/1994
2. Principal P	lace of Business	2a. Mailir	2a. Mailing Address				4. FEI Number Applied For
21		26					65-0465646 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired S8.75 Additional
City & State		27 Cily J	City & State				Fee Required
23	0	— ·	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Zip Country		Zip Cou				8. This corporation owes or has paid the current year Intangible
24	25			30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Registered Agent
MORAN, MICHAEL					81	Name	
1800 SE COND STREET			82			Street Add	dress (P.O. Box Number is Not Acceptable)
	E. 85 0						· · · · · · · · · · · · · · · · · · ·
SAI	RASOT A FL 34236						
			!			City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes th					the above-named corporation submits this statement for the purpose of changing its registered		
office or registered agont, or both, in the State of Florida. Such change was authorized by the corpo agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						the corpora	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE							
SIGNATURE Signature typod or printed name of registered agent and tilk if applicable (NOTE: Registered Agent signature required when reinstating) DATE							quired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD		DELETÉ	1.1 TIX			☐ Change ☐ Addition
NAME	STARR, MICHAEL T	rr 6		1.2 NAME 1.3 STREET ADD			
STREET ADDRESS	6500 14TH STREET WEST S	1E. B				· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP TITLE	BRADENTON FL PD		DELETÉ 2.1 TI		$\overline{}$	T-ZIP	☐ Change ☐ Addition
NAME	STARR, SUZANNE			2.2 NA			skiings kishkii
STREET ADDRESS	6500 14TH STREET WEST S	TF R		1		ADDRESS	
CITY-ST-ZIP	BRADENTON FL			2.4 (1			+ A
TITLE	VD		DELETE	_	3.1 TITLE		Change Addition
NAME	NAME STARR, NANCY A.		3.2 N/		ME	1	
STREET ADDRESS	6500 14TH ST. WEST			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP BRADENTON FL			3.4. C		<u> </u>	T-ZIP	
TITLE			☐ DELETE	4.1 Tit	LE		☐ Change ☐ Addition
NAME				4. 2 N	ME		
STREET ADDRESS				4.3 ST	REET.	ADDRESS	
CITY-ST-ZIP			· — -	4.4 CI	_	T-ZIP	
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NA	ME	İ	
STREET ADDRESS				5.3 ST	REET	ADDRESS	
CITY-ST-ZIP				5.4 Cf	_	T-ZIP	
TITLE			DELETE	6.1 TIT	Lŧ		☐ Change ☐ Addition
NAME	3			6.2 NA	ME		

6.3 STREET ADDRESS

NAUGY A STARR VA

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.