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Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000052880 (9)

1. Corporation Name  
72 HOUR BLIND FACTORY OF ALACHUA COUNTY, INC.



Principal Place of Business  
4500 N.W. 6TH STREET  
GAINESVILLE FL 32609

Mailing Address  
4500 N.W. 6TH STREET  
GAINESVILLE FL 32609-1742

3. Date Incorporated or Qualified: 07/18/1994  
3a. Date of Last Report: 01/31/1996  
4. FEI Number: 59-3256079  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 3625 NW 24th Place  
83  
84 City: Gainesville FL 85 Zip Code: 32605

9. Name and Address of Current Registered Agent  
DUBINER, DAVID  
700 SW 62ND BLVD.  
#87  
GAINESVILLE FL 32607

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1.1 TITLE: P  
1.2 NAME: DUBINER, DAVID S  
1.3 STREET ADDRESS: 3625 NW 24TH PL  
1.4 CITY-ST-ZIP: GAINESVILLE FL  
2.1 TITLE: ST  
2.2 NAME: DUBINER, CYNTHIA  
2.3 STREET ADDRESS: 3625 NW 24TH PL  
2.4 CITY-ST-ZIP: GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE: David S Dubiner  
1/22/97 (352)373-8028

CR2E034 (9/96)