

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

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000084053 (5)**

1. Corporation Name  
**A PROFESSIONAL BLIND CO., INC.**

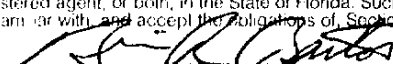


Principal Place of Business <b>3812 SKYLINE BLVD CAPE CORAL FL 33914 US</b>	Mailing Address <b>702 S.W. 10TH ST. CAPE CORAL FL 33991-2720</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/17/1994</b>	3a. Date of Last Report <b>02/06/1996</b>
				4. FEI Number <b>65-0535830</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name <b>Bartos, Brian R. - ATTORNEY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5217 S.W. 18th Avenue</b> 83 84 City <b>Cape Coral</b> FL 85 Zip Code <b>33914</b>	
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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 **3/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>ISON, THOMAS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5221 BLUE CRAB CIRCLE</b>		1.2 NAME	
CITY-ST-ZIP <b>PINE ISLAND FL</b>	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>DST</b>	NAME <b>ALLIN, EDWIN S III</b>	1.4 CITY-ST-ZIP	
STREET ADDRESS <b>702 S.W. 10TH ST.</b>		2.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>CAPE CORAL FL 33991</b>	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE <b>STILL, Emily</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME <b>Allin, Emily</b>	
		3.3 STREET ADDRESS <b>702 S.W. 10th Street</b>	
		3.4 CITY-ST-ZIP <b>Cape Coral, Florida 33091</b>	
		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 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.

SIGNATURE:  DATE **2-17-97** 941-540-7929

CR2E034 (9/96)