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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS May 09 1997 8:00am

Secretary of State

## DOCUMENT # P95000020537 (3)

AMERICAN DISCOUNT BLINDS, INC.

Principal Place 6278 N. FEDER SUITE 198		Mailing Address 6278 N. FEDERAL HWY. SUITE 198									
FT. LAUDERDALE FL 33308			FT. LAUDERDALE FL 33308-1916					3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1996			
	ace of Business	2a. Mailing Address					4. FEI Number			oplied For	
21		26					65-0565939			ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	d 🗀	\$8.75 / Fee Re		
City & State	)	City & State					6. Election Campaign Financia	ng	\$5.00	May Be	
23			28					Trust Fund Contribution		Added 1	, ,
Zip 24	Country 25		7ip Co. 30		Country	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes   ↑ No			
241		dress of Current Re	v		301	·		10. Name and Address of Ne			— <del></del>
AME	RILAWYER		<b></b>		81	Nam	ne				
343 ALMERIA AVE.					82	Stre	ol Addres	ddress (P.O. Box Number is Not Acceptable)			
COF	RAL GABLES FL 3						SS (1 .O. DOX NOTIDE! IS NOT NOO				
					83						
					84	City			FI	85 Zip (	Code
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the at- office or registered agent, or both, in the State of Florida Such change was authorized						J e-nam	ed corpor	ration submits this statement for		f changing it	ls registered
office or re	egistered agent, or t m familiar with, and	ooth, in the State of Fl accept the obligation	lorida Such of s of, Section 6	hange was a 307.0505. Flo	uthorized by rida Statute:	/ the c s.	orporation	n's board of directors. I hereby a	accept the app	pointment as	registered
SIGNATURE				·							
	Signature, typed or printed	name of registered agent and		ITCIN)		ant sign a	ture required	when reinstating)	DA1E	D DIDEOLOG	
12.	P	OFFICERS AND DI		DELETE	<b>13.</b> 1.1 TOLE			ADDITIONS/CHANGES TO C	JEFICERS ANI	Change	Addition
NAME	CLOUTIER, KEN	ineth M	-	, ,,,,,,,	1.2 NAME					Shange	I I I I I I I I I I I I I I I I I I I
STREET ADDRESS 6278 N. FEDERAL HWY., SUITE			98				SS				
CITY-ST-ZIP	FT. LAUDERDAI	LE FL 33308			1.4 CITY-5						
TÜLE			L	DELETE	2.1 TITLE	*** .W *****				Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET	ADDRES	is				
CITY-ST-ZIP			····	1	2.4 CITY-	\$1 - <i>I</i> iP					
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NAME					3 2 NAME						
STREET ADDRESS					3.9 STREET		iS				
CITY-ST-ZIP TITLE			<u>-</u>	DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP				Change	Addition
NAME			L	) before	4.2 NAME					CT Origings	LI Modificia
STREET ADDRESS					4.3 STREET	ADDRES	25				į
CITY-ST-ZIP					4.4 City-5		~				
TITLE				DELETE	5.1 TITLE		_	<del></del>		Change	Addition
NAME					5.2 NAME					•	
STREET ADDRESS					5.8 STREET	ADDRES	3\$				,
CITY-ST-ZIP					5.4 GHY-5						
TITLE				DELETE	6.1 TITLE				<del></del>	Change	Addition
NAME					6.2 NAME						

6.8 STREET ADDRESS 6.4 CITY - S1 - ZIP 6.1 CHY-S1-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 eath; 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.