

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

FILED

97 SEP -9 AM 10:57

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000039968 (8)  
1. Corporation Name  
AMERICAN VERTICAL BLINDS, INC.

Principal Place of Business Mailing Address  
1501 S.E. DECKER AVE. #306 STUART FL 34994  
1501 S.E. DECKER AVE. #306 STUART FL 34994-3984

9. Date Incorporated or Qualified 05/08/1996  
10. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 9904 SOUTHERN BLVD 26 9904 SOUTHERN BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 WEST PALM BCH FL 28 WEST PALM BEACH  
24 13411 29 WEST PALM 30 13411 WEST PALM

4. FEI Number 105-0672808  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for Franchise Tax under s. 199.032 Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent  
PICCOLO, DAVID M PA  
900 E. INDIANTOWN RD.  
SUITE 316  
JUPITER FL 33477

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and his or her signature (NOTE: Registered Agent signature required when taking office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD	1.1 TITLE	10000229
NAME	SHANAHAN, MARK	1.2 NAME	-09/11/97-01123-022
STREET ADDRESS	1501 SE. DECKER AVE. #306	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	STUART FL 33994	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM	2.2 NAME	
STREET ADDRESS	1501 SE. DECKER AVE. #306	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 33994	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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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. If 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
MARK F. SHANAHAN

30  
9-11-97

(2)

1300 Feb 26 19 97

TO	Department of	TOTAL	
OF	STATE	THIS CHECK	165 -
FOR	Corporate	OTHER TRANS. +/-	
	yes.	BALANCE	2491.65
		TAX DEDUCTIBLE <input type="checkbox"/>	

1301 Feb 26 19 97

TO	Florida	TOTAL	
OF	Dept	THIS CHECK	8 77
FOR	Revenue	OTHER TRANS. +/-	
		BALANCE	2472.88
		TAX DEDUCTIBLE <input type="checkbox"/>	

TO WHOM IT MAY CONCERN:

DU 9/5/97, MY ACCOUNTANT CONTACTED ME CONCERNING PAPERWORK ON SOME NEW EMPLOYEES. AT THE TIME HE MENTIONED THAT CHECK # 1300 FROM 2/26/97 + SENT TO DEPT. OF STATE WAS NEVER CASHED. UPON CALLING DIVISION OF CORPORATIONS, I WAS INFORMED THAT OUR ANSWER REPORT WAS MISSING OUR FEI #. FURTHER, I WAS INFORMED THAT THE CHECK + INCOMPLETE FORM HAD BEEN MAILED TO 1501 S.E. DECKER AVE, SUITE 101, IN MARCH. UPON DISCUSSING THIS WITH MY PARTNER BILL JOHNSON, I WAS INFORMED THAT THE REPORT WAS NOT RETURNED, + THAT THE ONLY RECEIVED NOTICE OF PAYMENT DUE. SINCE WE HAD THE CHECK STUB (SEE LEFT), WE ASSUMED THAT SOME MISTAKE HAD BEEN MADE AT DEPT. OF STATE. WHEN WE RECEIVE THESE FORMS, THEY ARE PRE-PRINTED. WE SEND THE BOTTOM + SEND + CHECK. WE ASSUMED WE GAVE THE BOTTOM WAS PRE-PRINTED ON THE THAT ALL INFORMATION WAS PRE-PRINTED OVER A FORM. AFTER HAVING OUR ACCOUNTANT FLY OVER A COPY OF THE REPORT, WE NOTICED THAT THE FEI. WAS INDEED BLANK. HOWEVER, THIS WAS UNKNOWN TO US TIL 9/5/97. PLEASE ACCEPT OUR RE-SUBMITTED REPORT, COPY OF CANCELLED CHECK STUB, + CHECK FOR \$165.00. AS FAR AS WE KNOW, EVERYTHING WAS FINE UNTIL 9/5/97.

THANK YOU,  
 MARIE STANWORTH  
 AMERICAN VETERAN BLINDS