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

PROFIT. CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092865 (0)

ABSOLUTE VERTICAL BLINDS MANUFACTURING, INC.

Principal Place of Business

Mailing Address

2a, Mailing Address

2128

City & State

29

2580 STONEY BROOK LANE CLEARWATER FL 34621

2. Principal Place of Business

21

22

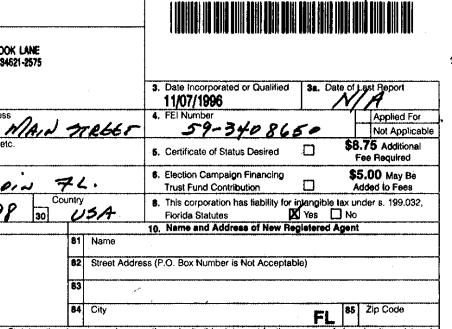
2/28 MAN STREKT Suite, Apt #, etc.

HAMILTON, MARC E 2560 STONEY BROOK LANE

**CLEARWATER FL 34621** 

2580 STONEY BROOK LANE CLEARWATER FL 34621-2575

## FILED May 08 1997 8:00am Secretary of State



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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE TITLE 1.1 TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADORESS 1.4 CITY - ST - ZIP CITY - ST-ZIP DELETE \_\_ Addition 2.1 THILE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP City+S1-ZiP TITLE DELETE 3.1 TITLE Change Addition 32 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIF DELETE Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6 I TITLE TITLE **70000218464**7 -05/20/97--01033--002 62 NAME NAME STREET ADDRESS **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:

813.736-5525