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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90080 018 ***150.00

= "T" = -23 = 1143

1.15

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

-Added to Fees-

<u> 127-736-65</u>25

□No

Not Applicable



Corporation Name	Ħ	P9	D	U	JU	U	9	2	Ø	O	C
*											

Country

9. Name and Address of Current Registered Agent

25

2560 STONEY BROOK LANE

HAMILTON, MARC E

ABSOLUTE VERTICAL BLINDS MANUFACTURING, INC.

Principal Place of Business 128 MAIN STREET

Suite, Apt. #, etc.

SIGNATURE

City & State

Principal Place of Business

Mailing Address 2128 MAIN STREET

26

27

29

DUNEDIN FL 34698

DUNEDIN FL 34698

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

⇒ -Trust Fund:Contribution ⇒

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

11/07/1996

59-3408650

4. FEI Number

CLEARWATER FL 34621			83	3									
			84	City	 .				FL	85	Zip Co	de	
office or re	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	change was author	rized by	y the corpo	corporation s oration's boar	ubmits this d of directo	statemer	nt for the p by accept	urpose of c	hangii ment	ng its re as regis	gistered itered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Box	internal Age	ont cianatum f	equired when reins	etatura)			DATE				_
12.	OFFICERS AND DIRECTORS	(NOTE: Reg	13.	ant signature i		DITIONS/C	HANGE	S TO OFFI		DIRE	CTOR	S IN 12	86
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CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY-5		DUNE	DIN	F	346	98				22
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CITY-ST-ZIP			6.4 CITY-5]
14. I 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 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 directoring the proporation 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 with an other like empowered.													

Country

81 Name

30