

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000930 (2)

1. Corporation Name

UNIVERSAL BLINDS, CARPET & MORE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2706 NW 31ST AVE. LAUDERDALE LAKES FL 33311	Mailing Address 2706 NW 31ST AVE. LAUDERDALE LAKES FL 33311
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2. Principal Place of Business 21 4890 North State Road 7 Suite, Apt. #, etc. 22 City & State 23 Tamarac, Florida Zip 33319 Country US	2a. Mailing Address 26 4890 North State Road 7 Suite, Apt. #, etc. 27 City & State 28 Tamarac, Florida Zip 33319 Country US
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3. Date Incorporated or Qualified 01/06/1997	4. FEI Number 65-0715817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MILLER, JEFFREY S 2736 NW 31ST AVE. LAUDERDALE LAKES FL 33311	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4890 North State Road 7 83 84 City Tamarac FL 85 Zip Code 33319
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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 _____ (Signature required for principal name of registered agent and for applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MILLER, ALAN L
STREET ADDRESS	2736 NW 31ST AVE.
CITY - ST - ZIP	LAUDERDALE LAKES FL 33311
TITLE	D
NAME	CEDRATI, GIOVANNI P
STREET ADDRESS	2736 NW 31ST AVE.
CITY - ST - ZIP	LAUDERDALE LAKES FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D
1.2 NAME	
1.3 STREET ADDRESS	4890 North State Road 7
1.4 CITY - ST - ZIP	Tamarac, FL 33319
2.1 TITLE	V/D
2.2 NAME	
2.3 STREET ADDRESS	4890 North State Road 7
2.4 CITY - ST - ZIP	Tamarac, FL 33319
3.1 TITLE	S/D
3.2 NAME	Jeffrey S. Miller
3.3 STREET ADDRESS	4890 North State Road 7
3.4 CITY - ST - ZIP	Tamarac, FL 33319
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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:  Jeffrey S. Miller 4/14/98 (954) 486-7875

CR2E034 (10/97)