


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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000027386 (6)</b>		
1. Corporation Name <b>THREE BLIND MEN, INC.</b>		



Principal Place of Business <b>2736 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33311</b>	Mailing Address <b>2736 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33311</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4890 North State Road 7</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4890 North State Road 7</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/21/1997</b>	
22 City & State 23 <b>Tamarae, Florida</b> Zip Country 24 <b>33319</b> 25 <b>U.S.</b>		27 City & State 28 <b>Tamarae, Florida</b> Zip Country 29 <b>33319</b> 30 <b>U.S.</b>		4. FEI Number <b>65-0738147</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required <b>\$8.75</b>		9. May Be Added to Fees <b>\$5.00</b>		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>MILLER, JEFFREY S 2736 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33311</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4890 North State Road 7</b> 83 84 City <b>Tamarae</b> FL 85 Zip Code <b>33319</b>	

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, ALAN L 2736 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33311</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D 4890 North State Road 7 Tamarae, FL 33319</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, JEFFREY S 2736 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33311</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S/D 4890 North State Road 7 Tamarae, FL 33319</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, YEHUDA 2736 N.W. 31ST AVENUE LAUDERDALE LAKES FL 33311</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey S. Miller**

Date

**4/14/98**

**(951) 486-7875**

Daytime Phone # **0280883**

CR2E034 (10/97)