

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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90074 048 ***150.00

04/13/98

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000027266**

1. Corporation Name
BLINDS ASAP, INC.



Principal Place of Business
~~237 US 27 NORTH~~
~~SEBRING FL 33870~~

Mailing Address
~~237 US 27 NORTH~~
~~SEBRING FL 33870~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1998

4. FEI Number
65-0824510

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **4419 S. Florida Ave**
 22 Suite, Apt. #, etc.
 23 **Lakeland, FL**
 24 Zip **33813** 25 Country **USA**

2a. Mailing Address
 26 **4419 S. Florida Ave**
 27 Suite, Apt. #, etc.
 28 **Lakeland, FL**
 29 Zip **33813** 30 Country **USA**

9. Name and Address of Current Registered Agent
CONROD, DAN
237 US 27 NORTH
SEBRING FL 33870

10. Name and Address of New Registered Agent
 81 Name **DAN CONROD**
 82 Street Address (P.O. Box Number is Not Acceptable)
4419 S. Florida Ave
 83
 84 City **Lakeland** 85 Zip Code **FL 33813**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONROD, DAN	
STREET ADDRESS	237 US 27 NORTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONROD, DAN	
1.3 STREET ADDRESS	4419 S. Florida Ave	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (President 4-27-99 941-709-0707)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)