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

DOCUMENT # P98000052602

1. Corporation Name

WINDOW BLINDS BY FELIX, INC.

Principal Place of Business

Mailing Address

13521 N.W. 5TH COURT PLANTATION FL 33325

13521 N.W. 5TH COURT PLANTATION FL 33325

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90113 025 ***150.00



| | DO NOT WRITE IN THIS SPACE | | | |
|--|---|--|----------------------------------|--|
| | | | 3. Date Incorporated or Qualifed | |
| _ | | | 06/10/1998 | |
| 2. Principal Place of Business 2a. Mailing Address | C - V | | ed For | |
| 21-123-48-11-13-5t 20-12348-N | (tu)=53=St | 06 60 08 76 96/ Not A | pplicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | <u></u> | \$8.75 Add | ditional | |
| 27 | | 5. Certificate of Status Desired Fee Requ | ired | |
| City & State City & State | 6. Election Campaign Financing 55.00 Ma | av Be | | |
| | ino . Fl | Trust Fund Contribution Added to 9 | | |
| | Chipter | 8. This corporation owes the current year Intangible | | |
| | 30 MALYNO | [] | INo | |
| 24 300 10 20 30000 100 | 30 Bronzono | 10. Name and Address of New Registered Agent | | |
| Name and Address of Current Registered Agent | 81 Name | 11 | | |
| LOPEZ, FELIX | OI Name | Lopez, relix | | |
| | | dress (P.O. Box Number is Not Acceptable) | | |
| 13521 N.W. 5TH COURT | | 12348 D.W. 53" JE. | | |
| PLANTATION FL 33325 | | | | |
| | 84 City | 85 Zip Coo | de | |
| | 84 City (8 | nol Source FL 1º 1226 | 370 | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute | s. the above-named corpo | oration submits this statement for the purpose of changing its re- | gistered | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida, Sych change was au agent. I am familiar with and accept the obligations of, Spation 697.0505, Florida. | thorized by the corporatio | on's board of directors. I hereby accept the appointment as regis | tered | |
| agent. I am familiar with and accept the obligations of Section 697.0505, Flori | da Statutes. | | | |
| SIGNATURE TO THE SIGNATURE | Registered Agent signature required | d when reinstation) . DATE | · \ | |
| | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | S IN 12 | |
| Clarity | 1.1 TITLE | Change | Addition | |
| | | DREZ FEHY | | |
| NAME LOPEZ, FELIX | 1.2 NAME | 124 11 W. 53" 5t. | | |
| STREET ADDRESS 13521 N.W. 5TH COURT | 1.3 STREET ADDRESS | 1000 Con 10 El 32076 | , | |
| CITY-ST-ZIP PLANTATION FL 33325 | 1.4 CITY-ST-ZIP | Cokal Spury, PL 3000 | Addition | |
| TITLE DELETE | 2.1 TITLE | Change ☐ Change | ☐ Addition | |
| NAME | 2.2 NAME | | | |
| STREET ADDRESS | 2.3 STREET ADDRESS | | 1 | |
| CITY-ST-ZIP | 2. 4 CITY-ST-ZIP | | | |
| TITLE DELETE | 3.1 TITLE | Change | Addition | |
| NAME | 3.2 NAME | | | |
| | 3.3 STREET ADDRESS | and the second of the second o | | |
| STREET ADDRESS | | | 1 | |
| CITY-ST-ZIP DELETE | 3.4. CITY-ST-ZIP | ☐ Change | Addition | |
| INTE | 4.1 TITLE | | | |
| NAME | 4. 2 NAME | | | |
| STREET ADDRESS | 4.3 STREET ADDRESS | • | | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP | | | |
| TITLE DELETE | 5.1 TITLE | Change | ☐ Addition | |
| NAME | 5.2 NAME | • | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | • | ĺ | |
| | 5.4 CITY-ST-ZIP | • | | |
| CITY-ST-ZIP DELETE | 6.1 TITLE | Change | Addition | |
| | 6.2 NAME | | - | |
| NAME | l i | • | i | |
| STREET ADDRESS | 6.3 STREET ADDRESS | | | |
| l | 6.4 C/TY-ST-Z/P | | _ | |
| CITY-ST-ZIP | | The state of the s | | |

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 authors. At all other like empowered.

Daytime Phone #