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0065270

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **V24701**

1. Corporation Name
72 HOUR BLIND FACTORY OF LAKE COUNTY, INC.



Principal Place of Business 848 SOUTH BAY ST. EUSTIS FL 32726 US	Mailing Address 848 SOUTH BAY ST. EUSTIS FL 32726 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 South Bay St Suite, Apt. #, etc.	2a. Mailing Address 26 900 South Bay St Suite, Apt. #, etc.
22 City & State 23 EUSTIS FL	27 City & State 28 EUSTIS FL
24 Zip 32726 25 Country	29 Zip 32726 30 Country

3. Date Incorporated or Qualified 03/26/1992	Applied For Not Applicable
4. FEI Number 59-3112898	
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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ZIMMERMAN, PETER H.
848 SOUTH BAY STREET
EUSTIS FL 32726

10. Name and Address of New Registered Agent
 81 Name **Zimmerman, Peter H**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **900 South Bay Street**
 84 City **EUSTIS** 85 State **FL** 86 Zip Code **32726**

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]* DATE **2/22/99**
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	ZIMMERMAN, PETER H.
STREET ADDRESS	30125 TAVARES RIDGE BLVD
CITY-ST-ZIP	TAVARES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SISCO, JAMES E.
STREET ADDRESS	30011 TAVARES RIDGE BLVD
CITY-ST-ZIP	TAVARES FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SISCO, JAMES E.
2.3 STREET ADDRESS	33151 CAYUGA WAY
2.4 CITY-ST-ZIP	LARGESIDE FL 32758
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]* DATE: **2/22/99** 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 483-1227
Date Daytime Phone #

CR2E034 (11/98)