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May 03, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F94000001689

1. Corporation Name
CP SHADES, INC.



Principal Place of Business
 2850 BRIDGEWAY
 SAUSALITO CA 94965

Mailing Address
 2850 BRIDGEWAY
 SAUSALITO CA 94965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/04/1994

4. FEI Number
94-2211492

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 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS WEINSTEIN, DAVID	1.1 TITLE	P, D Weinstein, David
NAME	66 ISSAQUAH DOCK	1.2 NAME	66 Issaquah Dock
STREET ADDRESS	SAUSALITO CA 94965	1.3 STREET ADDRESS	Sausalito, CA 94965
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T WEINSTEIN, DENISE	2.1 TITLE	T, D Weinstein; Denise
NAME	66 ISSAQUAH DOCK	2.2 NAME	66 Issaquah Dock
STREET ADDRESS	SAUSALITO CA 94965	2.3 STREET ADDRESS	Sausalito, CA 94965
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V POWNALL, ALISON	3.1 TITLE	V Pon, Alison
NAME	92 LAURA LANE	3.2 NAME	92 Laura Lane
STREET ADDRESS	FAIRFAX CA 94930	3.3 STREET ADDRESS	Fairfax, CA 94930
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S Quarequio, Nina	4.1 TITLE	S Quarequio, Nina
NAME	10 ABBEY STREET	4.2 NAME	10 Abbey Street
STREET ADDRESS	SAN FRANCISCO, CA 94114	4.3 STREET ADDRESS	SAN FRANCISCO, CA 94114
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Nina Quarequio* DATE: *4/23/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)