

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066695 (6)

1. Corporation Name

SHADES OF NAPLES, INC.



Principal Place of Business: **539-105TH AVENUE N
539 105 AVE N
NAPLES FL 33963
US**

Mailing Address: **539-105TH AVENUE N
539 105TH AVE N
NAPLES FL 33963
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
02/24/1995

4. FEI Number
65-0434951

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRICK FABBRINI
539-105TH AVENUE N
539 105 AVE N
NAPLES FL 33963**

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 607.0402 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 of Registered Agent (Required for Change of Registered Agent)

Signature of Registered Agent (Required for Supplemental Report Only)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D** DELETE
NAME: **FABBRINI, PATRICK**
STREET ADDRESS: **539 105 AVE N**
CITY-ST-ZIP: **NAPLES FL**

11 TITLE: Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

21 TITLE: Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

31 TITLE: Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

41 TITLE: Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

51 TITLE: Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

61 TITLE: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT Fabbrini

4/28/96

DATE

Daytime Phone #

CR2E034 (12/95)