Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000066695

1. Corporation Name

Principal Place of Business

SHADES OF NAPLES, INC.

539-105TH AVENUE N 539-105 AVE N NAPLES FL 34108 US		539-105TH AVENUE N 539 105TH AVE N NAPLES FL 34108 US			DO NOT WRITE IN 3. Date incorporated or Qualifed 09/24/1993	THIS S	PACE]
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		,		ed For	
21		26			65-0434951				Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Status Desired Fee Required					_
City & State	•	City & State		<u> </u>	6. Election Campaign Financing Trust Fund Contribution			00 M ded to		
Zip	Country 25		ountry		8. This corporation owes the current year Intangible Personal Property Tax. Yes □No					
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agen						
	o, ramo ana radioso o, comen		81	Name						١
	RICK FABBRINI 105TH AVENUE N		82	Street Addre	ess (P.O. Box Number is Not Acceptable)					
539 105 AVE N NAPLES FL 34108			83							ĺ
		,	84	City	F1 85 Z		Zip Co	de		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the	abov	e-named corpo	oration submits this statement for the purpo	FL se of c	hangin	g its re	gistered	1
office or r agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was authori: tions of, Section 607.0505, Florida S	zed by latutes	tne corporatio	n's board of directors. I hereby accept the	аррош	unent c	as regia	stereu	
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Registe	red Age	nt signature required	I when reinstating) D/	Œ				، [
12.	OFFICERS AND DIRECTORS 13		3.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRE	CTOR	S IN 12] }
TITLE '	D	☐ DELETE 1.	ππE		· · · · · · · · · · · · · · · · · · ·		☐ Cha	nge	☐ Addition	3
NAME	FABBRINI, PATRICK		NAME							1 3
STREET ADDRESS			STREE CITY-S	ADDRESS						
CITY-ST-ZIP	NAPLES PL 34100		TITLE	1-ZIP			☐ Cha	nge	Addition	3
NAME			2 NAME						,	Ì
STREET ADDRESS			2.3 STREET ADDRESS							1
CITY-ST-ZIP-	24		4 CITY±	T-2IP		===		_*	<u> </u>	_
TITLE	☐ DELETE 3.1 TI		1 TITLE				☐ Cha	inge	Addition	1
NAME	32		2 NAME	İ						
STREET ADDRESS	3.3		STREE	TADDRESS						
CITY-ST-ZIP				ST-ZIP					C) Addition	-
TITLE		☐ DELETE 4.	1 TITLE				☐ Cha	ınge	Addition	
NAME			2 NAME							{
STREET ADDRESS				T ADDRESS						1
CITY-ST-ZIP			4 CITY-S	T-ZIP	, , , , , , , , , , , , , , , , , , ,		☐ Cha	nnao	[] Addition	4
TITLE			1 TITLE				LJ CH	แห็ด	☐ Addition	1
NAME		L.	2 NAME	T ADDRESS						-
STREET ADDRESS									•	
C/TY-ST-ZIP			4 CITY-S	1-217			☐ Cha	nge	Addition	1
TITLE		□ DELETE 0	11124]
NAME			2 NAME	Į.						١

CMY-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 suppliemental 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 receiped of the 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 afactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90005 004 ***150.00

CKZE034 (11/98)