


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000071678 (5)**  
 1. Corporation Name  
**DESTIN AWNINGS & CANVAS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1209 AIRPORT ROAD UNIT 10 DESTIN FL 32541 US</b>		Mailing Address <b>1209 AIRPORT ROAD UNIT 10 DESTIN FL 32541 US</b>	
<b>21</b> Principal Place of Business	<b>22</b> Suite, Apt. #, etc.	<b>2a</b> Mailing Address	<b>2b</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>24</b> Zip	<b>27</b> City & State	<b>28</b> Zip
<b>25</b> Country	<b>29</b> Country	<b>30</b> Country	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**10/08/1993**

**4.** FEI Number  
**59-3206967**

**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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**GABRIEL, MARK K**  
**204 BENT ARROW**  
**DESTIN FL 32541**

**10. Name and Address of New Registered Agent**

**81** Name  
**Mark K. Gabriel**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**219 Benning Drive**

**83**

**84** City  
**Destin,**

**85** Zip Code  
**FL 32541**

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GABRIEL, MARIE</b> <b>16 MAPLE AVE</b> <b>SHALIMAR FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>GABRIEL, MARK K</b> <b>204 BENT ARROW</b> <b>DESTIN FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GABRIEL, ROBERT L</b> <b>16 MAPLE AVE</b> <b>SHALIMAR FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President</b> <b>Mark K. Gabriel</b> <b>219 Benning Drive</b> <b>Destin, FL 32541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Vice-President</b> <b>Robert L. Gabriel</b> <b>16 Maple Avenue</b> <b>Shalimar, FL 32579</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VP</b> <b>Marie F. Gabriel</b> <b>16 Maple Avenue</b> <b>Shalimar, FL 32579</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.

SIGNATURE: **Mark K. Gabriel** *Mark K Gabriel* **4-21-98** **550-837-5995**

CR2E034 (10/97)