

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Workman
Secretary of State
1905 N.W. 11th Avenue

APPROVED AND FILED
MAY 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S86626** (6)
1. Corporation Name
FAJANS & ASSOCIATES, INC.

2. Principal Place of Business
**TWO SAWGRASS VILLAGE
STE. 200
PONTE VEDRA FL 32082
US**

3. Mailing Address
**P. O. BOX 2349
PONTE VEDRA FL 32004-2349
US**

DO NOT WRITE IN THIS SPACE

2. Foreign Office or Affiliations
21 **13000 Sawgrass Village Circle**
22 **Suite 28**
23 **Ponte Vedra Bch. FL**
24 **32082** 25 **ST. JOHNS** 29 **FL** 30 **32082**

3. Date Incorporated or Organized
10/10/1991

3a. Date of Last Report
04/20/1994

4. FEI Number
59-3092339

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FAJANS, ROBERT G.
TWO SAWGRASS VILLAGE
STE. 200
PONTE VEDRA FL 32082**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
13000 Sawgrass Village Circle
83 **Suite 28**
84 City **Ponte Vedra Bch** FL 85 **32082**

11. Pursuant to the provisions of Sections 607.02(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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
Robert G. Fajans
SIGNATURE
4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME	PST FAJANS, ROBERT G. TWO SAWGRASS VILLAGE, STE. 200 PONTE VEDRA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	13000 Sawgrass Village Circle Ste 28	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	Ponte Vedra Bch	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STATE	FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ZIP	32082	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	VD FAJANS, ROBERT G. TWO SAWGRASS VILLAGE, STE. 200 PONTE VEDRA FL	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS	13000 Sawgrass Village Circle, Suite 28	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY	Ponte Vedra Bch	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STATE	FL	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ZIP	32082	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STATE		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. ZIP		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information supplied with this filing is substantially true and correct and that the filer is not a corporation, partnership, or other entity that is not a natural person. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. This form is obtainable only for the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my return appears on Block 1, or Block 2, if checked, on an annual report with an address.

SIGNATURE: *Robert G. Fajans* 4/26/95 (904) 273-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
FILED

MAY 20 11 10:10

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **S87573** (9)
1. Corporation Name
STATE OF THE ART SHADE, INC.

Principal Place of Business: **6685 FOREST HILL BOULEVARD SUITE 210 WEST PALM BEACH FL 33413 US**
Mailing Address: **6685 FOREST HILL BOULEVARD SUITE 210 WEST PALM BEACH FL 33413 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4120 Mango Blvd**
26. Mailing Address: **P.O. BOX 210260**
22. City & State: **Royal Palm Bch FL**
27. City & State: **W. Palm Bch FL**
23. City & State: **FL**
28. City & State: **FL**

3. Date Incorporated or Qualified: **10/14/1991**
3a. Date of Last Report: **06/24/1994**
4. FEI Number: **65-0293168**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has authority for changing the under a Florida Statute: Yes No

9. Name and Address of Current Registered Agent
**MORRIS, MILTON H.
6685 FOREST HILL BLVD
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent
81 Name: **Milton H. Morris**
82 Street Address (P.O. Box Number is Not Acceptable): ~~6685 Forest Hill Blvd~~
83 **4120 Mango Blvd**
84 **Royal Palm Bch FL** 85 **33411**

11. Pursuant to the provisions of Sections 607.015, 607.016, and 607.1928, 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 a resident of the State of Florida.
SIGNATURE: *Milton H. Morris* 5-17-95

12. OFFICERS AND DIRECTORS

ST	MORRIS, MILTON H. 4120 MANGO BOULEVARD ROYAL PALM BEACH FL
P	MORRIS, KANDY K. 4 20 MANGO BOULEVARD ROYAL PALM BEACH FL
VP	CARTER JR., JIMMIE A. 11211 S. MILITARY TR., #2812 BOYNTON BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and changed equally for this corporation started on January 1, 1998. Florida Statute. I further certify that the information included on this annual report or supplementary 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 registered trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this report as a director, officer or trustee with an address.

SIGNATURE: *Milton H. Morris*
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95 4074642426
Date: _____