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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

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02-16-1999 90057 005 \*\*\*150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000021382

1. Corporation Name

CITY-ST-ZIP

14. I hereby certify that the informatic indicated on this annual resort of officer or director of the corporation Block 12 or Block 13 if changed

SIGNATURE:

SHADES OF LIGHT GALLERY, INC.

Principal Pla	ace of Business	Mailing Address				s iddajidar irā rarāt aniji alītir āt	ins Abrel Batto	I IAMON ATOMIN TARA	't 18419 (LO) 1801
613 E. LAS C		613 E. LAS OLAS BLVD.				İ			
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 3330						DO NOT WE	TE IN THE		
						DO NOT WRI  3. Date incorporated or Qualifed	TE IN THIS	SPACE	
						03/16/1995			
2. Principal	Place of Business	2a. Mailing Address	·			4. FEI Number		A	pplied For
21		26			65-0574734		<u> </u>	ot Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.							Additional
22		27			5. Certifcate of Status Desired		Fee R	equired	
City & Sta	ate	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Int		_
24	25 9. Name and Address of Currer		30			Personal Property Tax.		☐Yes	□No
	5. Name and Address of Curren	и медізіегей мделі		81	Name	10. Name and Address of New I	kegistered	Agent	<del></del>
	a Darni			٠.	1101116				
613 E. LAS OLAS BLVD.				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
FT.	LAUDERDALE FL 33301			83		Control of the Contro	عبرو و	124 x 584 (1)	14 14 1 14 14 19 19 19 19 19 19 19 19 19 19 19 19 19
								解膜質	
				84	City	to the second se	FL	85 Zip	Còdê
SIGNATURE	am familiar with, and accept the obligated age.  Signature, typed or printed name of registered age.				signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.	- 190 N	anghatara raquilad	ADDITIONS/CHANGES TO OF		ID DIRECTO	)RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE			TOLIKO 741	☐ Change	Addition
NAME	DARNI, ULLA		1.2 NA	ME					
STREET ADDRESS	613 E. LAS OLAS BLVD.		1.3 ST	REETA	ADDRESS	•			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301								
TITLE	VP		1.4 CIT	Y-ST-	ZIP				
NAME	SOTIRE, COLEAL	☐ DELETE			ZIP			☐ Change	Addition
STREET ADDRESS	1	☐ DELETE	1.4 CIT	LE	ZIP			☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ	LE ME	ADDRESS		, , <u></u>	☐ Change	Addition
TITLE	613 E LAS OLAS BLVD FT LAUDERDALE FL 33301		1.4 CIT 2.1 TITI 2.2 NAJ	LE ME REET A	ADDRESS			☐ Change	Addition
		☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF	LE ME REET A TY-ST-	ADDRESS		,	☐ Change	Addition
NAME	FT LAUDERDALE FL 33301		1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2. 4 CIT 3.1 TITI 3.2 NAJ	LE ME REET A TY-ST- LE ME	ADDRESS -ZIP				
STREET ADDRESS	FT LAUDERDALE FL 33301		1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2. 4 CIT 3.1 TITI 3.2 NAJ 3.3 STF	LE ME REET A TY-ST- LE ME REET A	ADDRESS ZIP		- Çên 3°. °		
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL 33301	DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT	LE ME REET A TY-ST- LE ME REET A REET A	ADDRESS ZIP		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	FT LAUDERDALE FL 33301		1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI	LE ME REET A TY-ST- LE ME REET A TY-ST-	ADDRESS ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT LAUDERDALE FL 33301	DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAJ	LE ME REET A TY-ST- LE REET A TY-ST- LE	ADDRESSZIP		7 - \$2 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL 33301	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAJ 4.3 STF 4.4 CIT	LE ME REET A TY-ST- LE REET A TY-ST- E ME REET A REET A	ADDRESS -ZIP ADDRESS -ZIP ADDRESS		\$20 30 kg	Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT LAUDERDALE FL 33301	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAJ 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAA 6.3 STR	LE ME REET A IT	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL 33301	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.2 NAJ 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT	LE ME ME Y-ST- LE ME EET A Y-ST- E ME M	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP		\$ 25 m	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT LAUDERDALE FL 33301	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAJ 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAA 6.3 STR	LE ME REET A TY-ST- LE ME REET A REET A ME REET A ME ME REET A ME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP		\$ 25 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m	Change	Addition  Addition

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

plied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emerged 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 he effective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my parse appears in the same legal effect as if made under oath; that I am an address, with all other like empowered.