

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90084 007 ***150.00

DOCUMENT # P96000024527

1. Corporation Name
SHADES & MORE INC.

Principal Place of Business

3201 PAISLEY CIR
ORLANDO FL 32817

Mailing Address

3201 PAISLEY CIR
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

59-3371307

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 owes the current year Intangible
Personal Property Tax.

☐

Yes No

2. Principal Place of Business

21 1063 CHESTERFIELD CIR

Suite, Apt. #, etc.

City & State

23 WINTER SPRINGS FL

Zip

24 32708

Country

2a. Mailing Address

26 1063 CHESTERFIELD CIR

Suite, Apt. #, etc.

City & State

28 WINTER SPRINGS FL

Zip

29 32708

Country

30

9. Name and Address of Current Registered Agent

SZEW, VIRGINIA M
3201 PAISLEY CIR
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1063 CHESTERFIELD CIR

83

84 City WINTER SPRINGS

FL

85 Zip Code 32708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME SZEW, VIRGINIA
STREET ADDRESS 3201 PAISLEY CIR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VPT
NAME SZEW, MICHAEL
STREET ADDRESS 3201 PAISLEY CIR.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME SZEW, Virginia
1.3 STREET ADDRESS 1063 CHESTERFIELD CIR
1.4 CITY-ST-ZIP WINTER SPRINGS FL 32708

☒ Change ☐ Addition

2.1 TITLE VPT
2.2 NAME SZEW, Michael
2.3 STREET ADDRESS 1063 CHESTERFIELD CIR
2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)