

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
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90168 004 ***150.00

DOCUMENT # 554425

Corporation Name
GERMAIN CANVAS & AWNING CO.

Principal Place of Business
180 NORTHEAST 2ND AVENUE
MIAMI FL 33138

Mailing Address
7180 NORTHEAST 2ND AVENUE
MIAMI FL 33138



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/20/1977

4. FEI Number

59-1773566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HUGH, MAURICE
921 BELLE MEADE ISLAND DR
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DELETE	1.1 TITLE	Change	Addition
PD HUGH, MILTON G. 921 BELLE MEADE ISLAND DR. MIAMI FL 33138	<input type="checkbox"/>	1.2 NAME		
		1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
T HUGH, RITA C. 921 BELLE MEADE ISLAND DR. MIAMI FL 33138	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
		2.2 NAME		
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

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

RITA HUGH

Date

2/10/99

Daytime Phone #

305 751 4963

CR2E034 (11/98)