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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000630 (0)

SHADE MASTER INC. INT'L.

FILED May 14 1998 8:00am Secretary of State



					İ
Principal Place of Business Mailing Address					J i
8000 PLAZA BLVD 8000 PLAZA BLVD MENTOR OH 44080 MENTOR OH 44080				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 02/05/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied F 34-1846522 Not Appli	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired See Required Fee Required	nal
City,& State	е	City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip	Country 25		Country 10	8. This corporation owes or has paid the current year Intangible Personal Property Tax due Jurie 30. Yes No	•
	9. Name and Address of Current	nt Registered Agent		10. Name and Address of New Registered Agent	
202	Rabotta, raymond J Jr 29 w 73rd St Neah Fl 33016		81 Name 82 Street Add	Ray CaraboHa, Raymond J, J dress (Flo. Box Number is Not Acceptable)	ند
			83 Q.	th floor	
			84 City	1 ia mi FL 85 Zip Code 3313	
office or r agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with, and accept the oblig	22 and 607,1508, Florida Statutes e of Florida - Such ch <mark>ange wa</mark> s au ations of, Section <mark>607,0505, Flo</mark> ri	s, the above-named co thorized by the corpora da Statutes.	rporation submits this statement for the purpose of changing its regis ation's board of directors. I hereby accept the appointment as registe	red .red
SIGNATURE	Signature typed or printed name of registered asp	ent and title if applicable (NOTE:	Registored Agent signature req	jured when renslating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u>-</u>
TITLE		DELETE	11 TITLE	→ 🔀 Change 🔲 A	
NAME	CARABOTTA, RAYMOND J JI	R	1.2 NAME	ARABOTTA, RAYMOND J, JR 221 BRICKELL AUE. 9TH FL	
STREET ADDRESS	6723 BROOKLINE DR		1.3 STREET ADDRESS	221 BRICKELL'AUE. 9TH FL	-Ma
CITY-ST-ZIP	MIAMI FL 33015	, , , , , , , , , , , , , , , , , , ,	1.4 CITY - S1 - ZIP	MIAMI FL 33132	
TITLE		DELETE	2.1 TITLE	Change A	ddition
NAME			2.2 NAME		
14 Brec			2.3 STREET ADDRESS		
TITLE		DELETE	2 4 CITY-ST-ZIP	Change A	ddition
NAME			3.2 NAME	C Alange C Al	JUNION
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 1/1/LE	Change A	ddition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change A	ddition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change A	ddition
NAME .			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I hereby o	ertify that the information supplied w	oth this filing done not qualify for	the exemption stated i	n Section 119 07(3)(i) Florida Statutes I further certify that the inform	ation

indicated on this annual report or supplied with this hing does not quarry for the exemption stated in section 118.07(5)), Florida Statutes. Further certify that the informatic indicated on this 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.