

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G36526** (3)

1. Corporation Name

AFRICAN SHADE, INC.

Principal Place of Business

**1980 N.W. 65TH AVENUE
BAY L
PLANTATION FL 33313**

Mailing Address

**886 AZALEA CT.
PLANTATION FL 33317
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1983

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2297998

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2036 A N. Dixie Hwy

2a. Mailing Address

26 Suite, Apt. #, etc

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 Fort Lauderdale FL

City & State

27

Zip

24 33305

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROGERS, ROMNEY C., ESQ.
800 EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

WIGHT, LARANE J

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

886 AZALEA CT

83

84 City

PLANTATION

FL

85 Zip Code

33317

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 of record 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]

LARANE J WIGHT

4/27/95

(201) Registered Agent Signature Required When Applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WIGHT, GARTH A.
STREET ADDRESS	886 AZALEA CT.
CITY, ST, ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information included 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 or is included as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARTH A. WIGHT

4/27/95

305-564-0059