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 # K11432

(7)

SEA KING KANVAS & SHADE INC.

Secretary of State

FILED

Apr 03 1998 8:00am

| District Change (Const | Addition Addition | | | | | | | | |
|---|---|---|------|-------------------|--|--|--|--|--|
| Principal Place of Business Mailing Address | | | |) | | | | | |
| 15581 PINE RIDGE RD. FORT MYERS FL 33908 | 15581 PINE RIDGE RD. FORT MYERS FL 33908 | 15581 PINE RIDGE RD. FORT MYERS FL 33908 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | - | 3. Date Incorporated or Qualified | | | | |
| | | | | 1 | 01/04/1988 | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
| 1 | 26 | 26 | | | 65-0019247 | Not Applicable | | | |
| Suite, Apt. #, etc. | Suite, Apt #, etc. | V, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | City & State | ¬ · | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip Country 25 | Zip 29 | Coun | try | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | |
| g, Name and Address of | of Current Registered Agent | | | 1 | 0. Name and Address of New Registered Ag | gent | | | |
| BEERS, LESLEY G. | | 8 | 31 | Name | | · | | | |
| 6733 HARTLAND STREET FT. MYERS FL 33912 | | E | 12 | Street Address | eet Address (P.O. Box Number is Not Acceptable) | | | | |
| THE MILITARY COURT | | E | 13 | | | | | | |
| | | 8 | 14 | City | FL | 85 Zip Code | | | |
| office or registered agent, or both, in I | 607.0502 and 607.1508, Florida Statu the State of Florida, Such change was the obligations of Section 607.0505. F | authorized | by t | the corporation's | tion submits this statement for the purpose of c s board of directors. I hereby accept the appoi | hanging its registered ntment as registered | | | |

| office or re | to the provisions of Soctions 607.0502 and 607.1508, Flo egistered agent, or both, in the State of Florida. Such che m familiar with, and accept the obligations of, Section 60 | rida Statutes, ange was auth | the above-named lorized by the corp | corporation submits this e oration's board of directo | statement for the purpose ors. I hereby accept the ap | ot changing it pointment as | s registered registered |
|----------------|---|---------------------------------|--|--|--|--------------------------------|----------------------------|
| | m lamiliar with, and accept the obligations of, Section 60 | 7.0505, Floria | a Statutes. | | | | |
| SIGNATURE | Stonature, typod or printed name of registered agent and title if applicable | INOTE R | egistered Agent signature | required when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | IANGES TO OFFICERS AN | D DIRECTOR | S IN 12 |
| TITLE | PST | DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | BEERS, LESLEY G. | | 1.2 NAME | | | | |
| SYREET ADDRESS | 6733 HARTLAND STREET | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | FT. MYERS FL | | 1.4 CiTY-ST-ZiP | | | | |
| TITLE | | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | BEERS, LESLEY G. | | 2.2 NAME | | | | |
| STREET ADDRESS | 6733 HARTLAND STREET | | 2.3 STREET ADDRESS | | 8 (F) | | |
| CITY-ST-ZIP | FORT MYERS FL | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 TITLE | _··· | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | | | |
| CITY+ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-\$1-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | **** | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | | | |

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.

SIGNATURE: