SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K64413** **(3)**

1. Corporation Name

AWNING CARE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
10803 SW 146 CT. MIAMI FL 33186	10803 SW 146 CT. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: 13751 SW 109 st.
2a. Mailing Address — 26: PO Box 162935
4. FEI Number: 65-0115573 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23: MIAMI, FL.
City & State — 28: MIAMI, FL.
6. Electronic Signature Required ☐ $5.00 May Be Added to Fees
Trust Fund Contribution
Zip — 24: 33186 Country — 25: USA
Zip — 29: 33116-2935 Country — 30:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOFFMAN, ROBERT M.
800 DOUGLAS ENTRANCE
EXECUTIVE TOWER, SUITE 365
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

31 Name
32 Street Address: (P.O. Box Number is Not Acceptable)
33
34 City — FL — 35 Zip Code

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 _____ DATE
Signature required in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	MARTEN, GERARD B.	12 NAME	MARTEN, GERARD B.	
STREET ADDRESS	10803 SW 146TH COURT	13 STREET ADDRESS	13751 SW 109 st	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	DVP	21 TITLE	DVP	☑ Change ☐ Addition
NAME	MARTEN, ANITA S.	22 NAME	MARTEN, ANITA S.	
STREET ADDRESS	10803 SW 146TH COURT	23 STREET ADDRESS	13751 SW 109 st.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gerard B. Marten GERARD B. MARTEN 7/25/95 (305) 385-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066365 CP