

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L19807 (1)
 1. Corporation Name
THE SHADEHOUSE CO.



Principal Place of Business 25945 S.W. 197TH AVE. HOMESTEAD FL 33031	Mailing Address 25945 S.W. 197TH AVE. HOMESTEAD FL 33031-1610
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3. Date Incorporated or Qualified 09/29/1989	3a. Date of Last Report 07/22/1996
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21. Principal Place of Business 19901 S.W. 264 St.	2a. Mailing Address 19901 S.W. 264 St.	4. FEI Number 65-0157442	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Homestead, Fl.	28. City & State Homestead, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33031	25. Country Dade	29. Zip 33031	30. Country Dade

9. Name and Address of Current Registered Agent UZLIK, MICHAEL 19901 SW 264 STREET HOMESTEAD FL 33031		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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, RANDALL C.		1.2 NAME	
STREET ADDRESS 25945 S.W. 197TH AVE.		1.3 STREET ADDRESS	
CITY - ST - ZIP HOMESTEAD FL 33031		1.4 CITY - ST - ZIP	
TITLE U	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UZLIK, MICHAEL		2.2 NAME UZLIK, Michael	
STREET ADDRESS 19901 SW 264 ST		2.3 STREET ADDRESS 19901 S.W. 264 ST.	
CITY - ST - ZIP HOMESTEAD FL 33031		2.4 CITY - ST - ZIP Homestead FL 33031	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, DIANNE		3.2 NAME	
STREET ADDRESS 25945 SW 197TH AVE		3.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Michael Uzlik 4-18-97 305-247-7711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)