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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

THE SHADEHOUSE CO.

**FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
19801 SW 26 Homestead US			19901 SW 264 ST. HOMESTEAD FL 33031 US			DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualified 09/29/1989		
2. Principal Pr	ace of Business	2a. Mailing A	ddress			4. FEI Number Applied For		
21		26	26			65-0157442 Not Applicable		
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		<u>}</u> ¬ ·	City & State			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees		
Zip			Zip Country		7	8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes 🛂 No		
	9. Name and Address of Cur	ent Registered Age	nt		F	10. Name and Address of New Registered Agent		
	ŁIK, MICHAEL			81	Name			
	901 SW 264 STREET MESTEAD FL 33031		82 Street A		Street A	Address (P.O. Box Number is Not Acceptable)		
क्षा र १८३	A:			63				
j [				84		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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typod or printed name of registered agent and till of applicable (NOTE Registered Agent signature required when reinstalling)  DATE								
12.		ND DIRECTORS	(NOT: Re	13.	ent signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	9		DELETE	1.1 TITLE		Change Addition		
NAME	UZLIK, MICHAEL			1.2 NAME				
STREET ADDRESS	40004 OW 004 CT		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL		1.4 C/T		ST-ZIP			
TITLE			21 TITLE		Change Addition			
NAME	23		2.2 NAME					
STREET ADDRESS	REET ADDRESS		2.3 STREE		ADDRESS			
CITY-ST-ZIP	-ST-ZIP		2.4 CITY-ST-ZIP		ST-ZIP			
TITLE			DELETE	ELETE 3.1 TITLE		☐ Change ☐ Addition		
NAME			1	3.2 NAME				
STREET ADDRESS				3.3 STREE	ADDRESS			
CITY-ST-ZIP				3 4. CITY-	ST-ZIP			
TITLE		L	DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			1	4. 2 NAME	ĺ			
STREET ADDRESS				4 3 STREE	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	ST-ZIP			
TITLE		L		5.1 TITLE	l	Change Addition		
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	- 1			
CITY+ST-ZIP				5.4 CITY-S	ST - ZIP	A 11100		
TITLE		L		6.1 TITLE		Change Addition		
NAME				6.2 NAME	Ì			
STREET ADDRESS				63 STREE	- 1			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		6.4 CITY-3	ST-ZIP	Li-Casta 440 07/07/07 Flavida Chat day I further and it shot the information		

Thereby 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 ennual 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.