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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L22791

(2)

1. Corporation Name

MAJOR CANVAS AWNINGS, INC.



Principal Place of Business

2121 SW CONANT AVE  
P O BOX 8300  
PORT ST. LUCIE FL 34985

Mailing Address

2121 SW CONANT AVE  
P O BOX 8300  
PORT ST. LUCIE FL 34985

3. Date Incorporated or Qualified  
10/16/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIANINO, PETER  
38 E OCEAN BOULEVARD  
STUART FL 34994

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

Signature of Registered Agent (if not the corporation's officer or director)

Signature of Registered Agent (if not the corporation's officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME VINKEMULDER, ROGER K.  
STREET ADDRESS 1654 SW LEXINGTON DR  
CITY-STATE-ZIP PT ST LUCIE FL

DELETE

TITLE VPT  
NAME VINKEMULDER, OLIVE P.  
STREET ADDRESS 1654 SW LEXINGTON DR  
CITY-STATE-ZIP PT ST LUCIE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

Change Addition

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 119.07(3)(k), 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 or person 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 in an attachment with an address.

SIGNATURE:

Oliver Binkemulder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 407.336-9500

CR2E034 (12/95)