FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11: 14

DOCUMENT # L61830 (0)

1. Corporation Name
MIRACLE SHADE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
3270 FOWLER ST UNIT II FORT MYERS FL 33901	3270 FOWLER ST UNIT II FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1990
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 65-0186561 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOZARTH, BEJAMIN D.
3001 SE SANTA BARBARA PL
CAPE CORAL FL 33904

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BOZARTH, BENJAMIN D.	1.2 NAME	
STREET ADDRESS	3001 SE SANTA BARABARA	1.3 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	IGLINSKI, THOMAS	2.2 NAME	
STREET ADDRESS	13983 MILLBANK DR.	2.3 STREET ADDRESS	
CITY ST ZIP	ORLAND PARK IL	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BOZARTH, MELAINE S	3.2 NAME	
STREET ADDRESS	3001 SE SANTA BARBARA PL	3.3 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	3.4 CITY ST ZIP	
TITLE	T	4.1 TITLE	T ☑ Change ☐ Addition
NAME	DARWIN, MARK	4.2 NAME	Darwin Mark Johnson
STREET ADDRESS	1916 CORONADO RD	4.3 STREET ADDRESS	289 Buffalo Way
CITY ST ZIP	FT MYERS FL	4.4 CITY ST ZIP	Ft. Myers, Fl 33917
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, TODD M	5.2 NAME	
STREET ADDRESS	1909 NE 4 TERR	5.3 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: [signature], Sec Melanie S. Bozarth 1-10-95 (813) 939-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310260 CP