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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L61830 (0)

1. Corporation Name

MIRACLE SHADE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

3270 FOWLER ST UNIT II
FORT MYERS FL 33901

Mailing Address

3270 FOWLER ST UNIT II
FORT MYERS FL 33901-7361



3. Date Incorporated or Qualified

03/27/1990

3a. Date of Last Report

04/12/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 1723 SE 5th Ct.

84 City

Cape Coral

FL

85 Zip Code

33990

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 person printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETE

NAME BOZARTH, BENJAMIN D.
STREET ADDRESS 3001 SE SANTA BARBARA
CITY-STATE-ZIP CAPE CORAL FL

TITLE D DELETE

NAME IGLINSKI, THOMAS
STREET ADDRESS 13983 MILLBANK DR.
CITY-STATE-ZIP ORLAND PARK IL

TITLE S DELETE

NAME BOZARTH, MELAINE S
STREET ADDRESS 3001 SE SANTA BARBARA PL
CITY-STATE-ZIP CAPE CORAL FL

TITLE T DELETE

NAME BOZARTH, MELANIE S.
STREET ADDRESS 3001 SE SANTA BARBARA PL
CITY-STATE-ZIP CAPE CORAL FL

TITLE V DELETE

NAME BORGER, DENNIS EVANS
STREET ADDRESS 1505 SW 13TH TERRACE
CITY-STATE-ZIP CAPE CORAL FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1723 SE 5th Ct.
Cape Coral, FL 33990

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

1723 SE 5th Ct.
Cape Coral, FL 33990

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

1723 SE 5th Ct.
Cape Coral, FL 33990

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

3001 SE Santa Barbara Pl.
Cape Coral, FL 33904

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: Mel S. Bozarth 2-28-97 (941) 939-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)