


FILE NOW: FILING FEE IS \$61.25 ck #1014

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90088 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N27300					
1. Corporation Name FLORIDA FABRIC AWNING ASSOCIATION, INC.					
Principal Place of Business C/O STEVE MISHKET HAL LAPPING 2995 NORTHWEST 75TH STREET MIAMI FL 33147			Mailing Address C/O STEVE MISHKET HAL LAPPING 2995 NORTHWEST 75TH STREET MIAMI FL 33147		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0105571	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent MISHKET, STEVE 2995 NORTHWEST 75TH STREET MIAMI FL 33147				10. Name and Address of New Registered Agent	
81 Name HAL LAPPING				82 Street Address (P.O. Box Number is Not Acceptable) 2995 NW 75TH ST	
83				84 City Miami	
85 Zip Code 33147				FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REILLY, MIKE			1.2 NAME			
STREET ADDRESS	282 NW 36 ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARROLL, JAMES E. JR.			2.2 NAME			
STREET ADDRESS	844 NW 9TH AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, LOUIS G			3.2 NAME			
STREET ADDRESS	3470 NW 7 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAY, RICK			4.2 NAME			
STREET ADDRESS	80 N. CONGRESS AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MISHKET, STEVE LAPPING, HAL			5.2 NAME			
STREET ADDRESS	2995 N.W. 75TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIETIKER, FRED			6.2 NAME			
STREET ADDRESS	115 SW 12TH STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			6.4 CITY-ST-ZIP			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 305-576-0514

Date Daytime Phone #

CR2E037 (11/98)