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 MAY 31 AM 9:40

DOCUMENT # P93000032427 (5)

1. Corporation Name

AWNING CREATIONS, INC.

Principal Place of Business	Mailing Address
5665 INDIAN TRAIL KEYSTONE HEIGHTS FL 32656	5665 INDIAN TRAIL KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3184330 — 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 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

PHILLIPS, VIVIAN M
5665 INDIAN TRAIL
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 X Vivian M Phelps
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	1.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, VIVIAN M	1.2 NAME	
STREET ADDRESS	5665 INDIAN TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SMOLKO, STEVE J	2.2 NAME	
STREET ADDRESS	5665 INDIAN TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: X Vivian M Phelps — 5-26-95 — (904) 473-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412849 FP