

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 04 1996 8:00 am  
Secretary of State

DOCUMENT # P95000009114 (6)

1. Corporation Name

OCEANSIDE CANVAS, INC.



Principal Place of Business

3270 BAY 295-R SW 3 AVE  
FT LAUDERDALE FL 33315

Mailing Address

3270 BAY 295-R SW 3 AVE  
FT LAUDERDALE FL 33315

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified  
02/03/1995

3a. Date of Last Report

4. FEI Number

65-0525212

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

PHILLIPS, SHELDON L  
4801 S UNIVERSITY DR  
DAVE FL 33328

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

PHILLIPS, SHELDON L

Signature typed or printed name of registered agent, if that is applicable.

(NOTE: Registered Agent Signature required when re-registering.)

5/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P MARY E. Holden ☐ Change ☐ Addition  
1.2 NAME 2323 STATE RD 84  
1.3 STREET ADDRESS Ft. Lauderdale, Florida  
1.4 CITY-ST-ZIP 33312

2.1 TITLE VP Robert Holden ☐ Change ☐ Addition  
2.2 NAME 488 SW 126 TERR  
2.3 STREET ADDRESS Fort Lauderdale Florida  
2.4 CITY-ST-ZIP 33325

3.1 TITLE S CAROL DAVIS ☐ Change ☐ Addition  
3.2 NAME 11641 SW 11th STREET  
3.3 STREET ADDRESS Fort Lauderdale Florida  
3.4 CITY-ST-ZIP 33325

4.1 TITLE T MARY E. Holden ☐ Change ☐ Addition  
4.2 NAME 2323 STATE RD 84  
4.3 STREET ADDRESS Ft. Lauderdale, Florida  
4.4 CITY-ST-ZIP 33312

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

MARY E. Holden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96

954-524-0940

File (Register in FL only)

CR2E034 (12/95)