FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009114 1. Corporation Name

OCEANSIDE CANVAS, INC.

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90003 039 ***150.00



Principal P ace of Business Mailing Address						HEL BETTA BOTAL		11011 BIOL1001
3270 BAY 235-R SW 3 AVE 3270 BAY 295-R SW 3 AVI FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315					DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					02/03/1995			
Principal Place of Business Za. Mailing Address					4. FEI Number		Ap	lied For
21 26					65-0525212			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27					Fee Re	- '
City & State		City & State		6. Election Campaign Financing		\$5.00		
 					Trust Fund Contribution		Added t	(Fees
Zip	Cour try	Zip Cour		try	8. This corporation owes the curr	ent year nt	<u>.</u> .	□No
24	25	[29] [30]			Persor al Property Tax. 10. Name and Address of New I		Yes	- INO
<u> </u>	9. Name and Address of Current	Registered Agent		B1 Name	and Address of New I	1 1 C	Ageiii	150
DUII	LIPS SHELDON I		Ľ	Bal	ier + associate (KAKE	NDHI	
PHILLIPS, SHELDON L 4801 S UNIVERSITY DR			[1	1 .	dress (P.O. Box Number is Not Accept	abie)	,- ,,	
DAVIE FL 33328			-	11911	<u> 5.W. 13 Court</u>			
UAVI	E FL 33320		\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	a "	Lie House 35	3325)
				B4 City		EI	85 Zip (Code
TL								registered
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 juthorized by the corporation's board of directors. I hereby accept the approximent as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. For ida Statutes.								
SIGNATURE	KAREN BAKER.	Faile	20	LAKO)	<u>U</u>	<u>/~2</u> 2	<u> 799 </u>	
<u> </u>	Signature, typed or printed name of registered agen		gistered A	gent signature req	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	ES IN 12
12.	OFFICERS AN	DELETE	1.1 TITL	<u> </u>	ADDITIONS/O/IANGES TO GI	TIOLINO II	Change	Addition
TITLE	P HOLDEN HARVE		1.2 NAM					
NAME	HOLDEN, MARY E		i i	EET ADDRESS				
STREET ADDRE 3S	2323 STATE RD 84			-ST-ZIP				
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33312	☐ DELETE	2.1 TITL		· _		Change	Addition
	VP		2.1 NAN					
NAME	HOLDEN, ROBERT	-		EET ADDRESS				İ
STREET ADORESS	488 SW-126 TERR.			Y-ST-ZIP				
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	DELETE	3.1 TITL				Change	☐ Addition
NAME	S CAROL	<u></u>	3.2 NAN					
STREET ADDRESS	DAVIS, CAROL			EET ADDRESS				
	11641 SW. 11TH STREET			Y-ST-ZIP				
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL 33325	□ DELETE	4.1 TITL				Change	Addition
NAME	T HAIDEN HADVE		4.2 NA					
	HOLDEN, MARY E			EET ADDRESS				
CITY-ST-ZIP	2323 STATE RD 84 FT. LAUDERDALE FL 33312			-ST-ZIP				
TITLE	FI. LAUDERDALE FL 33312	☐ DELETE	5.1 TITL				☐ Change	Addition
NAME			5.2 NAM	I .				
STREET ADDRESS				EET ADDRESS				
1 1				r-ST-ZIP)
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL				☐ Change	Addition
NAME			6.2 NAM	Æ				
STREET ADDRESS				EET ADDRESS				
				/-ST-ZIP				
CITY-ST-ZIP								

14. I hereb / 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 recuired 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, with at other like empowered.

SIGNATURE: