

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000021382 (3)**

1. Corporation Name

SHADES OF LIGHT GALLERY, INC.



Principal Place of Business

Mailing Address

613 E. LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

613 E. LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/16/1995

4. FEI Number

65-0574734

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

10. Name and Address of New Registered Agent

FORMAN, ROBERT S
2101 W. COMMERCIAL BLVD.
SUITE 4100
FORT LAUDERDALE FL 33309

81 Name
Ulla Darni

82 Street Address (P.O. Box Number is Not Acceptable)
613 E. Las Olas Blvd

83

84 City
Pt. Lauderdale

FL

85 Zip Code
33301

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]

[Signature] 2/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D** DELETE
NAME: **DARNI, ULLA**
STREET ADDRESS: **613 E. LAS OLAS BLVD.**
CITY- ST- ZIP: **FORT LAUDERDALE FL 33301**

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

TITLE: DELETE
NAME:
STREET ADDRESS:
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 a attachment, with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ULLA DARNI

Date

[Signature] 2/27/96
(305) 766-2671
(519) 622-3586
Daytime Phone #

CR2E034 (12/95)