

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000044903 (9)

1. Corporation Name

CAPE CANVAS & CUSHION, INC.



Principal Place of Business

Mailing Address

1044 NE PINE ISLAND ROAD
CAPE CORAL FL 33909

1044 NE PINE ISLAND ROAD
CAPE CORAL FL 33909-2184

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, 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

10. Name and Address of New Registered Agent

SIEGMAN, RAY
1044 NE PINE ISLAND ROAD
CAPE CORAL FL 33909

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

(NOTE: Registered Agent signature required when reappointing)

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

DELETE

NAME

SIEGMAN, RAY

STREET ADDRESS

1044 NE PINE ISLAND ROAD
CAPE CORAL FL 33909

CITY- ST- ZIP

PS

DELETE

TITLE

SIEGMAN, RAY

STREET ADDRESS

1044 NE PINE ISLAND ROAD
CAPE CORAL FL 33909

CITY- ST- ZIP

V

DELETE

TITLE

MANLEY, DAWN

STREET ADDRESS

1044 NE PINE ISLAND ROAD
CAPE CORAL FL 33909

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a change of address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 941-772-0300

Date

Daytime Phone

0405587

CR2E034 (9/96)