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**Mar 21 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 # P96000061334 (4)

1. Corporation Name
MAID IN THE SHADE INC.



Principal Place of Business
**5371 KENT ROAD
VENICE FL 34293**

Mailing Address
**5371 KENT ROAD
VENICE FL 34293-6439**

3. Date Incorporated or Qualified **07/19/1996** 3a. Date of Last Report **7/19/96.**

2. Principal Place of Business
21. **2075 MAIN STREET**
Suite, Apt. #, etc.

2a. Mailing Address
26. **5371 KENT ROAD**
Suite, Apt. #, etc.

4. FEI Number **65-0678728**
Applied For
Not Applicable

22. **Suite 5**
City & State

27. **VENICE FL**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. **SARASOTA FL**
Zip Country

28. **VENICE FL**
Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. **34237** 25. **SARASOTA**

29. **34293** 30. **SARASOTA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WERMANN, JOHN F
5371 KENT ROAD
VENICE FL 34293**

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 *John F. Wermann* DATE **March 18, 1997**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WERMANN, JOHN F	
STREET ADDRESS	5371 KENT ROAD	
CITY- ST- ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAGNOLA, GEORGE M JR	
STREET ADDRESS	1220 ANGELA MARIA RD	
CITY- ST- ZIP	SARASOTA FL 34143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reported 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: *John F. Wermann Sec/Treas* DATE: **March 16, 1997** DAYTIME PHONE: **941 498 1100**

CR2E034 (9/96)