Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90116 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061334

1. Corporation Name

maid in	THE SHADE INC.							
Principal Place	e of Business	Mailing Address				1 100140 pt 110 1011 0 1111 0 1011 0 1111	***** ******	wa 11111 WISH 1881
677 NORTH WASHINGTON AVE 677 NORTH WASHINGTON A								
SARASOTA FL 34236 SARASOTA FL 34236						DO NOT WRITE IN	THIS SPACE	
US		US				3. Date Incorporated or Qualifed		
						07/19/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0678728		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing		Infay Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	У		This corporation owes the current year		7
24	25	29	30			Personal Property Tax. 10. Name and Address of New Register	Ves	_⊒No
	9. Name and Address of Curren	1 Registered Agent	8	1 Nan		10. Name and Address of New Registe	at a Agent	
WEE	RMANN, JOHN F		°					
	I KENT ROAD		8	2 Stre	et Addre	ess (P.O. Bo) Number is Not Acceptable)		Ì
	ICE FL 34293		8:	3				
VIV	10 10 01000		0.	٦				
			8-	4 City			F) 85 Zip	Code
44 6	4- H	C and COT 1500 Florida State	ton the abo	VO-Dam	ed cr m	orotion submits this statement for the nurnor	e of changing it	ts registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	r f Florida.Such change was :	authorized D	v the co	orporatio	on's board of directors. I hereby accept the a	prointment as r	egistered
SIGNATUFE	Signature, typed or printed name of registered ager	that a conting to	E. Donietered &c	ent transl	re reguired	J when reinstating) DA1	E	
12.		ID DIRECTORS	13.	on agnac		ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	D			1,1 TITLE			☐ Change	
NAME	WERMANN, JOHN F		1.2 NAME					
STREET ADDRESS	1 T 1 - 1		1.3 STRE	ET ADORE	SS			(
CITY-ST-ZIP	VENICE FL 34293		1,4 CITY-ST-ZIP		İ			
TITLE	D	☐ DELETE	2.1 TMLE				Change	Addition
NAME	SPAGNOLA, GEORGE M JR		2.2 NAME					
STREET ADDRESS	1220 ANGELA MARIA RD		2,3 STRE	ET ADDRE	ss			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP	\perp			
TITLE		☐ DELETE 3.1					☐ Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRE	SS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	e 🔲 Addition
NAMÉ	1		4 2 NAM	E				
STREET ADDRE IS			4.3 STRE	ET ADDRE	SS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	Ш.			
TITLE		☐ DELETE	51 TITLE				Change	Addition Addition
NAME			5.2 NAME	•				
STREET ADORE IS			5.3 STRE	ET ADDRE	SS			
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					ĺ
	I		e a CTDE	ET ADDRE	:00			1

14. 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 contribute 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, with a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP