

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000090594 (8)**

1. Corporation Name  
**SUN SHADE, INC.**

Principal Place of Business

**1717 S.W. 1ST WAY  
#36  
DEERFIELD BEACH FL 33441**

Mailing Address

**1717 S.W. 1ST WAY  
#36  
DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>1625 SW 1st Way</b>	26 <b>1625 SW 1st Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>C-10</b>	27 <b>C-10</b>
City & State	City & State
23 <b>DEERFIELD BEACH, FL</b>	28 <b>DEERFIELD Bch. FL</b>
Zip	Zip
24 <b>33441</b>	29 <b>33441</b>
Country	Country
25	30

3. Date Incorporated or Qualified	Applied For
<b>11/04/1996</b>	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
<b>65-0705512</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JACOBS, CHRISTO D  
1717 S.W. 1ST WAY  
#36  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name	<b>JACOBS, CHRISTO. D.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1625 SW 1st Way,</b>
83	<b># C-10</b>
84 City	<b>DEERFIELD Bch</b>
85 Zip Code	<b>FL 33441</b>

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

**CHRISTO D. JACOBS (P)**

Signature typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P JACOBS, CHRISTO D.</b>	1.2 NAME	<b>JACOBS CHRISTO D</b>
STREET ADDRESS	<b>1717 SW 1ST WAY #36</b>	1.3 STREET ADDRESS	<b>1625 SW 1st Way # C-10</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP JACOBS, DENNIS L.</b>	2.2 NAME	<b>JACOBS, DENNIS L</b>
STREET ADDRESS	<b>1717 SW 1ST WAY #36</b>	2.3 STREET ADDRESS	<b>1625 SW 1st Way # C-10</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 an address.

SIGNATURE:

**CHRISTO D. JACOBS (P)**

**4/15/98 954 425-0161**

CR2E034 (10/97)