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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063888 (6)

FILED Feb 09 1998 8:00am Secretary of State

FLORIDA	A SUNSHADE CENTER I	NCORPOHAI	IED				: 			
Data sheet Bloom	5 Dlanca	N 4-111 A -d								
Principal Place of Business Mailing Address										
1355 W. GLEN OAK RD. 1355 W. GLEN OAK RE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE I							DO NOT WEST	T IN THE 65	NA COT	
							DO NOT WRIT	E IN 1715 SP	ACE	
							 Date Incorporated or Qualified 07/22/1997 			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		T IA	opplied For
21 26							65-0780392			lot Applicable
Suite. Apt. #, etc. Suite, Apt.			vpt. #, etc.	, etc.						Additional
22	27	27				5. Certificate of Status Desired	Ш		Required	
City & State		City & S	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country Zip			Country			8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Curre	[29]		30			Personal Property Tax due Jun 10. Name and Address of New R			∐ No
		iit negistered Ag	gent.	81	Name		10. Name and Address of New A	egistered Aç	Jein	
	TISTE, GERALD SR.				1400710					-
1355 W. GLEN OAK RD.				82	82 Street Address (P.O. Box Number is Not Acceptable			.ble)		
NUI	RTH LAUDERDALE FL 33068			83	<u> </u>					-
				Ĺ	<u> </u>					
				84	City			FL	85 Zip	Code
11. Pursuant to t	he provisions of Sections 607.050	12 and 607,1508.	Florida Statute	s, the abov	e-name	d corpor	ration submits this statement for the		hanging i	its registered
office or regi	stered agent, or both, in the State	of Florida, Such	change was a	uthorized b	y the co	rporatio	ation submits this statement for the n's board of directors. I hereby acce	pt the appoir	ntment as	s registered
	amiliar with, and accept the oblig	ations of, Section	1 6 07.0505, FIG	noa Statute	S.					÷ :1
SIGNATURE Sign	nature, typed or printed name of registered age	ent and title if applicable	e. (NOTE	: Registered Ag	ent signatu	re required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTO	R\$ IN 12
TITLE P	RESIDENT	[DELETE	1.1 TITLE					Change	Addition
NAME Y	SATTISTE, GERAL	LD SR.		1,2 NAME						
STREET ADDRESS	CITY-ST-ZIP 1355 W. Glen OWK ROAD			1.3 STREET ADDRESS		:				
				1.4 CITY - ST - ZIP						
TITLE \$	North Landerdale, FI DELETE			2.1 TITLE				L	Change	☐ Addition
NAME	33068			2.2 NAME						
STREET ADDRESS	_	0		2.3 STREE		i				ļ
CITY - ST - ZIP			T and	2. 4 CITY-	ST-ZIP				T Chairm	9 4 4 1 1 0 0
TITLE		l	DELETE	3.1 TITLE				L	_ Change	Addition
NAME STREET ADDRESS				3.2 NAME		.				
STREET ADORESS				3.3 STREET						
CITY-ST-ZIP TITLE			DELETE	3.4. CITY -: 4.1 TITLE	51- <i>A</i> P	+			Change	Addition
NAME		<u>.</u>		4.1 IIICE 4.2 NAME				-	_ oridigo	
STREET ADDRESS				4.2 NAME						
CITY-ST-ZIP				4.5 STREET						
TITLE		ı	DELETE	5.1 TITLE	ı ı - 4.1f	<u> </u>			Change	Addition
NAME		`		5.2 NAME				_		
STREET ADDRESS				\$.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY-S						
TITLE		Ì	DELETE	6.1 TITLE		 			Change	Addition
NAME		-		6.2 NAME					-	
STREET ADDRESS				6.3 STREET	ADDRESS	1				}
City-ST-ZIP				6.4 CITY - S		1				
	ify that the information supplied w	ith this filing does	s not qualify fo			ted in Se	ection 119.07(3)(i), Florida Statutes.	I further certif	y that the	information

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in