

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:53

DOCUMENT # **S87582** (0)

1. Corporation Name
SUN STATE AWNINGS, INC.

Principal Place of Business Mailing Address
517A PAUL MORRIS DR ENGLEWOOD FL 34223-3961

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1991** 3a. Date of Last Report **01/21/1994**

2. Principal Place of Business 2a. Mailing Address

21 26

Subs. Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

4. FEI Number **65-0290906** Applied For Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISCHER, C. MICHAEL
2800 PLACIDA RD
SUITE 112
ENGLEWOOD FL 34224**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COLE, LEON W
STREET ADDRESS	9307 SAN BERNARDINO AVE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	DS
NAME	COLE, MADELYN W.
STREET ADDRESS	9307 SAN BERNARDINO AVE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	V
NAME	WALLACE, DENNIS
STREET ADDRESS	6355 FACET LANE
CITY-ST-ZIP	PT. CHARLOTTE FL 33981
TITLE	V
NAME	GILLIS, DANNY
STREET ADDRESS	12140 CROSSGATE AVE
CITY-ST-ZIP	PT. CHARLOTTE FL 33981
TITLE	T
NAME	MERCHANT, DAVID
STREET ADDRESS	1158 LEMON BAY DR
CITY-ST-ZIP	VENICE FL 34293
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TOMIT
5.3 STREET ADDRESS	DAVID MERCHANT Madelyn W. COLE
5.4 CITY-ST-ZIP	CHANGE TO: 9307 SAN BERNARDINO AVE ENGLEWOOD, FL 34224
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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:

Madelyn W. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Madelyn W. COLE

1/17/95

813-475-7699