

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S87582** (0)

1. Corporation Name:
SUN STATE AWNINGS, INC.



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

3. Date Incorporated or Qualified: **10/14/1991** 3a. Date of Last Report: **01/24/1995**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: 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: _____ (In All Registered Agent Signature Boxes, Write Name and Date)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COLE, LEON W		1.2 NAME				
STREET ADDRESS	9307 SAN BERNARDINO AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COLE, MADELYN W.		2.2 NAME				
STREET ADDRESS	9307 SAN BERNARDINO AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WALLACE, DENNIS		3.2 NAME				
STREET ADDRESS	6355 FACET LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PT. CHARLOTTE FL 33981		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GILLIS, DANNY		4.2 NAME				
STREET ADDRESS	12140 CROSSGATE AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PT. CHARLOTTE FL 33981		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COLE, MADELYN W.		5.2 NAME				
STREET ADDRESS	9307 SAN BERNARDINO AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		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				

③ 13100 ME CALL RD. (Unit 125)
PT. CHARLOTTE, FL. 33981

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 119.07(3)(k), 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* 11/18/96 941-475-7699
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Madelyn W. Cole*

CR2E034 (12/95)