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Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 34223-5201

3. Date Incorporated or Qualified: 10/14/1991  
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business: 21 ABOVE  
2a. Mailing Address: 26 SAME  
22 A  
27  
23 Englewood, FL  
28  
24 3422  
25 USA  
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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COLE, LEON W	
STREET ADDRESS	9307 SAN BERNARDINO AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COLE, MADELYN W.	
STREET ADDRESS	9307 SAN BERNARDINO AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, DENNIS	
STREET ADDRESS	13100 MC CALL RD UNIT 125	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GILLIS, DANNY	
STREET ADDRESS	12140 CROSSGATE AVE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COLE, MADELYN W.	
STREET ADDRESS	9307 SAN BERNARDINO AVE.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE-PRESIDENT OPERATIONS	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: Madelyn W. Cole / Madelyn W. COLE / SEC. TREAS. 1/27/97 944-475-7699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)