FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:51

DOCUMENT # **V05136** **(9)**

1. Corporation Name

SHADEAMERICA, INC.

Principal Place of Business	Mailing Address
500 S.W. 12TH AVENUE BLDG. #3 DEERFIELD BEACH FL 33442	500 S.W. 12TH AVENUE BLDG. #3 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 2590 NORTH POWERLINE RD.	26 2590 NORTH POWERLINE RD
Suite, Apt. #, etc. 22 SUITE 701	Suite, Apt. #, etc. 27 SUITE 701
City & State 23 POMPANO BEACH FL	City & State 28 POMPANO BEACH FL.
Zip / Country 24 33069 / 25 BROWARD	Zip / Country 29 33069 / 30 BROWARD

4. FEI Number: 65-0310320 — 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

KANOUSE, KEITH J.
2424 N. FEDERAL HIGHWAY
SUITE 353
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BARBATO, LEONARD R.	12 NAME	
STREET ADDRESS	500 S.W. 12TH AVENUE	13 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FLORIO, ROBERT	22 NAME	
STREET ADDRESS	500 S.W. 12TH AVENUE	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FLORIO, ALFRED, JR.	32 NAME	
STREET ADDRESS	500 S.W. 12TH AVENUE	33 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: _____ 3/26/95 (305) 970-4060
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

LEONARD R. BARBATO

0006320 CP