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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F80654

1. Corporation Name
COFAM DEVELOPMENT CORPORATION



Principal Place of Business
**HOLYOKE MALL
 HOLYOKE MA 01040**

Mailing Address
**HOLYOKE MALL
 HOLYOKE MA 01040**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO BOX 10115**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 **01041**

30

3. Date Incorporated or Qualified

05/06/1982

4. FEI Number

52-1361759

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 607.0501 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
 NAME **PST COHEN, HORACE B**
 STREET ADDRESS **396 WILBROD STREET**
 CITY-ST-ZIP **OTTOWA, ONT., CANADA**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE
 NAME **D COHEN, HORACE B**
 STREET ADDRESS **396 WILBROD STREET**
 CITY-ST-ZIP **OTTOWA, ONT., CANADA**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE
 NAME **V COHEN, SHARON**
 STREET ADDRESS **396 WILBROD STREET**
 CITY-ST-ZIP **OTTOWA, ONT., CANADA**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 amendment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)