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

APPROVED AND FILED

95 MAY -1 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47131** **(9)**

1. Corporation Name
COCONUT COVE, INC.

Principal Place of Business
1311 N. STATE ROAD 7
MARGATE FL 33063

Mailing Address
1311 N. STATE ROAD 7
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1983**
3a. Date of Last Report: **04/27/1994**

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

4. FEI Number: **59-2302976** — 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
DEMERS, MARC
104 EAST PALM DRIVE
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name: **MARC DEMERS**
82 Street Address (P.O. Box not acceptable): **18801 SE MACK DAIRY ROAD**
83: **JUPITER FL 33478**
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: 4-24-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	P/S/D ☒ Change ☐ Addition
NAME	DEMERS, MARC	1.2 NAME	MARC DEMERS
STREET ADDRESS	104 E. PALM DR.	1.3 STREET ADDRESS	18801 SE MACK DAIRY ROAD
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	JUPITER FL 33478
TITLE	T	2.1 TITLE	T ☒ Change ☐ Addition
NAME	DEMERS, JULIE	2.2 NAME	Julie Demers
STREET ADDRESS	104 E. PALM DR.	2.3 STREET ADDRESS	18801 SE MACK DAIRY ROAD
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	Jupiter FLORIDA 33478
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	GANNON, SHEILA	3.2 NAME	
STREET ADDRESS	1311 N. STATE ROAD 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 a 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 been entered with an address.

SIGNATURE: MARC DEMERS Pres 4-24-95 800 393 5135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100163 CP