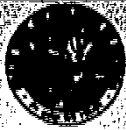


PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JUN 20 AM 10:52

DOCUMENT # **J01708 (3)**

1. Corporation Name
COQUINA COVE RESIDENTS, INC.

Principal Place of Business Mailing Address
15010 113TH AVENUE NORTH LARGO FL 34644

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/28/1986	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2655539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**XFORB EDWIN X X
X2007X K BXVOK X
X2ANGOX PL 02540 X**

10. Name and Address of New Registered Agent
81 Name
MRS. DORIS JAEGER
82 Street Address (P.O. Box Number is Not Acceptable)
15010 113th AVE. N., #21
83
84 City
LARGO 85 Zip Code
FL 34644

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Doris Jaeger* (NOTE: Registered Agent signature required when remaining) DATE **6-16-95**

12. OFFICERS AND DIRECTORS	
TITLE PD	RIBBERG, ARTHUR
NAME	X300X D3TH XVE9X K15
STREET ADDRESS	XARGE X K X X X
CITY - ST - ZIP	
TITLE X	STAMPER, ALBERT X
NAME	X300X D3TH XVE9X K30 X
STREET ADDRESS	XARGE X K X X X
CITY - ST - ZIP	
TITLE RR	HUGHES, YOLA
NAME	X5010 X D3TH XVE9X X1X
STREET ADDRESS	XARGE X K X X X
CITY - ST - ZIP	
TITLE RD	JAEGER, DORIS REMAINS ON BOARD
NAME	15010 113TH AVE N #21
STREET ADDRESS	LARGO FL
CITY - ST - ZIP	
TITLE S	WAGNER, BERNY
NAME	X5010 X D3TH XVE9X X50 X
STREET ADDRESS	XARGE X K X X X
CITY - ST - ZIP	
TITLE S	WAGNER, BERNY
NAME	X5010 X D3TH XVE9X X50 X
STREET ADDRESS	XARGE X K X X X
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE PD	FRED DANSEREAU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	6 MILCH RD.
1 3 STREET ADDRESS	LYNNFIELD, MASS 01940
1 4 CITY - ST - ZIP	
2 1 TITLE V	BOB TURNBULL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	15010 113th AVE. N., #8
2 3 STREET ADDRESS	LARGO, FL. 34644
2 4 CITY - ST - ZIP	
3 1 TITLE S	EVELYN MANSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	1707 COTTON PATCH LN.
3 3 STREET ADDRESS	ALPHARETTA, GA. 30201
3 4 CITY - ST - ZIP	
4 1 TITLE T	NAN STRELECKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	1636 E. KITCHEN RD.
4 3 STREET ADDRESS	PINCONNING, MI. 48650
4 4 CITY - ST - ZIP	
5 1 TITLE D	CLAIR CASEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	R.R. #1, 27 MAPLE LANE
5 3 STREET ADDRESS	MIDLAND, ONTARIO CANADA L4R4K3
5 4 CITY - ST - ZIP	
6 1 TITLE D	MEL EVANS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	2820 PAGE AVENUE
6 3 STREET ADDRESS	ANN ARBOR, MI. 48104
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 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: *Doris Jaeger, Director* DATE: **6-16-95** 596-7573

CR2E034 (3/95)