

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40096** (0)

1. Corporation Name  
**CUMBERLAND COVE, INC.**



Principal Place of Business: **2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5461**  
Mailing Address: **2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5461**

3. Date Incorporated or Qualified: **08/18/1992** 3a. Date of Last Report: **04/28/1995**  
4. FET Number: **59-1420809** 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

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

9. Name and Address of Current Registered Agent

**LANGLEY, MARCIA H  
2601 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133-5461**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **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: Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent Signature required when reinstating. DATE:

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, MACK R	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MIKESH, LINDA A	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY- ST- ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Langley, Marcia H	
1.3 STREET ADDRESS	2601 S. Bayshore Dr.	
1.4 CITY- ST- ZIP	Miami, FL 33133	
2.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Goldman, Joel K.	
2.3 STREET ADDRESS	2601 S. Bayshore Dr.	
2.4 CITY- ST- ZIP	Miami, FL 33133	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fertig, Jay C.	
3.3 STREET ADDRESS	2601 So Bayshore Drive	
3.4 CITY- ST- ZIP	Miami, FL 33133	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MacNair, Christopher J.	
4.3 STREET ADDRESS	2601 So. Bayshore Drive	
4.4 CITY- ST- ZIP	Miami, FL 33133	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carleton, Callis N.	
5.3 STREET ADDRESS	2601 So. Bayshore Dr.	
5.4 CITY- ST- ZIP	Miami, FL 33133	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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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: *Joel K. Goldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-12-1996 305-859-4071  
City/State/Phone #

CR2E084 (12/95)