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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P40096

(0)

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE

CUMBERLAND COVE, INC.

Mailing Address 2001 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5417

FILED May 01 1997 8:00am Secretary of State



| MIAMI FL 33133-5461 | MIAMI FL 33133-5417 | | | |
|--|---|---|--|--|
| | | | Date Incorporated or Qualified 08/18/1992 | 3a. Date of Last Report 04/16/1996 |
| 2. Principal Place of Business | 2a, Mailing Address | <u> </u> | 4. FEI Number | Applied For |
| 21 | 26 | ************************************** | 59-1420809 | Not Applicat |
| Suite, Apt. #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip Country | 28 Z·p | Country | Trust Fund Contribution | Added to Fees |
| 25 | 29 | 30 | This corporation has liability to Florida Statutes | ir intangible tax under s. 199.032, |
| g. Name and Address of Curre | | 1301 | 10. Name and Address of New F | |
| LANGLEY, MARCIA H | | 81 Name | | |
| 2601 SOUTH BAYSHORE DRIVE | | 82 Street A | Address (P.O. Box Number is Not Accept | d MAN |
| MIAMI FL 33133-5461 | | 260 | | |
| | | 83 972 | - Hour | |
| | | 84 City | | B5 Zin Code |
| | | Mia | 1 mi | FL 33/33 |
| Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am amiliar with, and accept the obli- | 02 and 607.1508, Florida Stat e of Florida, Such change wa | utes, the above-named o | corporation submits this statement for the pration's board obdirectors. I bereby acc | purpose of changing its registered |
| agent I am familiar with, and accept the obli | gations of, Section 607.0505, | Florida Statutes | 1/1/1/1 | 1. 100 |
| SIGNATURE IN HIM | | - 1000 | L K. GO HMAN AI | (/// 4 / |
| Significan typed or printed name of registered a | | OTE: Registered Agent signature n | required when reinstating) | DATE |
| AN OFFICEDO M | いい いりじつきへから | 1 44 | ADDITIONIONI LANGED TO OFF | OCON AND DIDENTARY IN AN |
| | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | |
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