FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085741 (4)

COVINGTON ENTERPRISES, INC. Principal Place of Business Mailing Address 841 W FARBANKS AVE 11036 CREIGHTON DR STE 216 ORL FL 32817 WINTER PARK FL 32789 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
A Delevine of	Place of Business	2s. Mailing Address			11/28/1994 4. FEI Number Applied For
2. Principal r	Flace of Business	26. Mailing Address			4. FEI Number Applied For S9-3283424 Not Applied
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Ap1. #, etc.		5. Certificate of Status Desired Service Fee Required
City & Sta		City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intengible
24	25 9. Name and Address of Cui	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
11. Pursuant office or	t to the provisions of Sections 607, registered agent, or both, in the St	0502 and 607 1508, Florida Stati late of Florida. Such change was	1	City Ove-named by the corp	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere
		oligations of, Section 607,0505, F	Florida Statu	tes.	
SIGNATURE	Signature, typed or printed name of registered	d agent and little if applicable (NO	OTE: Registered	Agent signature	required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	DPST DELETE COVINGTON, ALBERT L		1.1 TITL 1.2 NAM		Change Addi
STREET ADDRESS	0014190051		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ONDANDOTE	DELETE	21 7/1		☐ Change ☐ Addi
NAME			2.2 NAN	IE .	
STREET ADDRESS			2.3 STR	EET ADDRESS	
CITY - ST - ZIP			2. 4 CIT	Y-ST-ZIP	
TITLE		DELETE	3.1 TITL	E	Change Addi
NAME			3.2 NAN	IE .	
2210004 133012	1		2 2 STR	ET ADDRESS	

CITY - ST - ZIP 14. Thereby 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 receive or trustee explosive to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapting or an argument with any address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

53 STREET ADDRESS 5 4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 THTLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

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CITY-ST-ZIP

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STREET ADDRESS

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

FILED

Apr 15 1998 8:00am

Secretary of State

407-740-7216

☐ Change

Change

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Addition

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