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



COF	CORPORATION Sand ANNUAL REPORT Sect		RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUI	MENT # P95000010)532			
FUNKT 805 S CAPE	ION ENTERPRISES, . W. 52nd STREET CORAL, FLORIDA	INC. 33914			
	. W. 52nd Street Coral, FL 33914	Maling Address Same		· · ·	Dale of Last Report
2 Delegios (Di	ace of Business			2/6/1995	
-	ace of Business	28. Mailir g Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	Suite, Apt #, etc.		65-0553468	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	
24	25 9. Name and Address of Current	Registered Agent	30	Florida Statutes Yes You'No 10. Name and Address of New Register	1
Eleanor Jane Funk 805 S. W. 52nd Street Cape Coral, FL 33914 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code					
familiar wit	o the provisions of Sections 607.05002 ed agent, or both, in the State of Floridit, and accept the obligations of, Section 1, and accept the obligations of Section 1, and accept the obligations of Section 1, and accept the obligation of FICERS AND	a. Such change was aumonze in 607 0505, Florida Statutes	s, the above named c d by the corporation's Effective Agent squater 13.	orporation submits this statement for the purpose of shoard of directors. I hereby accept the appointment the purpose of shoard of directors. I hereby accept the appointment of the app	t as registered agent. I am
TITLE P		DELETE	1 1 TIFLE		Change Addition
NAME STREET ADDRESS CITY+ST+ZIP	Eleanor Jane Fur 805 S. W. 52nd S Cape Coral, FL	itreet	1.2 NAME 1.3 STREET ADOMESS 1.4 CITY-SE-ZIP		
TITLE VP NAME STREET ADDRESS	Robert G. Funk 805 S. W. 52nd S	☐ DELETE	2 1 Title 2 2 NAME 2 3 STREE! ADDRESS		Change Addition
CITY - ST - ZIP	Cape Coral, FL	3301/	24 01" Y - S1 - Z1P		
TITLE NAME STREET ADDRESS	oupe corur, i.e.	DECETE:	3 1 TITLE 32 NAME + 33 STREET ADDRESS		☐ Change ☐ Addition
CITY-SI-7:P			3.4 C+TY + ST + Z+P		
TITLE		DELETE	4 1 TILE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS City - St - Zip			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 City - ST - ZiP 5.1 Title		Change Addition
NAME			5 2 NAME	6000018080	
STREET ADDRESS			5 3 STREET ADDRESS	-05/06/9601013	019
CITY - ST - ZIP			5.4 CiTy - S1 - 7IF	***200.00	
TITLE		☐ DELETE	6 1 TITLE		Change Address
NAME CIDCET ADORGO			6.2 NAME		5/1/m1
STREET ADDRESS CITY - ST - ZIP			6.3 STREET ADDRESS 6.4 City - ST - ZIP		V K
21.11 Gr Ed			■ 0.9 GL(7 · 3 · Z **	1	

14. I do hereby certify that the information supplied with this fing 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 cath; that I am an officer or effector 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 Bross 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

The signature of the corporation of 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 Bross 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96. (941)945-6608

CR2E034 (12/95)