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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067967 (6)

THE COZY COTTAGE, INC.

Principal Place of Business Mailing Address						- I COMARANT DIE ERION ORARE SONIT ONERA I		11(1) 1 3 114 11 110	11111 1 721 1 84 1
1352 13TH AVENUE 1352 13TH AVENUE						1			
VERO BEACH FL 32960 VERO BEACH FL 32960						DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualified	E 114 1 L218	SOFACE	
						08/30/1995			
Principal Place of Business 2a. Mailing Address						4. FEI Number		I A	pplied For
21	26					65-0614358		-	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	M		Additional
22 27						5. Certificate of Status Desired	X	Fee P	lequired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23 Zip	Z8 Country Zip Cou					Trust Fund Contribution			to Fees
	 '					8. This corporation owes or has p			
25 29 30						Personal Property Tax due June 10. Name and Address of New Ro			l No
BORCHERS, CHARLOTTE M					Name	10. 114110 4114 1144 11	og.dteret	- Agent	
2105 S.W. 74TH AVENUE									
VERO BEACH FL 32968				82	Street Addre	ss (P.O. Box Number is Not Accepta	ble}		
F 6.31	DENOTTE DESCO			83					
				<u>_</u>					
				84	City		FI	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the a	bove	-named corpo	ration submits this statement for the	purpose ·	of changing i	ts registered
office or re-	gistered agent, or both, in the State : I familiar with, and accept the oblica	of Florida. Such change was tions of. Section 607.0505. Fl	authorize orida Stat	d by tutes.	the corporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE _									
5	Ignature, typed or printed name of registered agen		E: Registere	d Agen	it signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	P	☐ DELETE	1,1 TI					Change	☐ Addition
NAME	BORCHERS, JEAN M		1,2 N						
STREET ADDRESS	MEDO DOLLES GOOD			1.3 STREET ADDRESS					1
CITY-ST-ZIP TITLE	D 1.4 CF			- ZIP			Change	Addition	
NAME	BORCHERS, CHARLOTTE M				1			change	Li Addition.
STREET ADDRESS	OCAO OM SATILANS			000500					
CITY-ST-ZIP	VERO BCH FL 32968 2.40			ODRESS .	•			-	
TITLE	DELETE 3.1 Ti			- 211"		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	32N						Onlange		
STREET ADDRESS				-	DORESS				ļ
CITY-ST-ZIP				TY-ST					į.
TITLE		☐ DELETE	4.1 TII					Change	Addition
NAME			4. 2 N	4ME				_ •	
STREET ADDRESS			4.3 ST	REET A	DDRESS				
CITY-ST-ZIP			ı	ry-st-	i		1		1
TITLE		DELETE	5.1 TIT				1	Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET AI	DDRESS				
CiTY-ST-ZIP			5.4 CII	Y-ST-	ZIP				
TITLE		☐ DELETE	6.1 TIT	LE				☐ Change	Addition
NAME		•	6.2 NA	ME			•		
STREET ADDRESS			I		DD0500				1
l l			6.3 ST	reet al	DURESS				i

14. I hereby 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 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: JEAN M'BORCHETTURE RESIDENT Borders

1-5-1998 561562468

FILED

Jan 21 1998 8:00am

Secretary of State