

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039194 (1)
 1. Corporation Name
COOLIDGE ENTERPRISES, INC.



Principal Place of Business C/O JOHN BILLS ENTERPRISES 3910 RCA BLVD. SUITE 1011 PALM BEACH GARDENS FL 33410	Mailing Address C/O JOHN BILLS ENTERPRISES 3910 RCA BLVD. SUITE 1011 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/07/1996	4. FEI Number 65-0664548	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	30. Country		

9. Name and Address of Current Registered Agent

**BILLS, JOHN C
 C/O JOHN BILLS ENTERPRISES
 3910 RCA BLVD, SUITE 1011
 PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name
Robert S. Kramer

82. Street Address (P.O. Box Number is Not Acceptable)
c/o Kramer, Sewell & Sopko, P.A.

83. **2307 SE Monterey Road**

84. City
Stuart

85. Zip Code
FL 34996

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: *Robert S. Kramer* VP, DATE: **2/9/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN	
STREET ADDRESS	7407 SE HILL TERRACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTTEN, E LEE	
STREET ADDRESS	7701 SE LITTLE HARBOUR DR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, ROBERT S	
STREET ADDRESS	2307 SE MONTEREY RD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, GREGORY L	
STREET ADDRESS	220 E MADISON ST, SUITE 1200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLS, JOHN C	
STREET ADDRESS	3910 RCA BLVD, SUITE 1011	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sullivan, John	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cotten, E. Lee	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director/Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kramer, Robert S.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bills, John C.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 incorporator 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 in an attachment with an address

SIGNATURE: *Robert S. Kramer* VP, DATE: **2/9/98**

CR2E034 (10/97)