

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K82705 (0)**  
1. Corporation Name  
**COSGROVE CONSTRUCTION INC**



Principal Place of Business <b>109 LANDINGS BLVD. SUITE 503 WEST PALM BEACH FL 33413 US</b>		Mailing Address <b>109 LANDINGS BLVD SUITE 503 WEST PALM BEACH FL 33413-2027 US</b>		3. Date Incorporated or Qualified <b>04/21/1989</b>	3a. Date of Last Report <b>04/23/1996</b>
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2. Principal Place of Business 21 <b>3655 WOODS WALK BLD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3655 WOODS WALK BLD</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0119935</b>	Applied For Not Applicable
22 City & State 23 <b>LAKE WORTH FL</b>	27 City & State 28 <b>LAKE WORTH FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip <b>33467</b>	25 Country <b>USA</b>	29 Zip <b>33467</b>	30 Country <b>USA</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>COSGROVE, MICHAEL 109 LANDINGS BLVD. WEST PALM BEACH FL 33413</b>				10. Name and Address of New Registered Agent			
81 Name <b>SAMU</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>3655 WOODS WALK BLD</b>			
83				84 City <b>LAKE WORTH FL</b>			
				85 Zip Code <b>33467</b>			

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: MICHAEL COSGROVE *[Signature]* DATE: **4-1-97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>SAMU</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSGROVE, MICHAEL</b>		1.2 NAME	<b>SAMU</b>	
STREET ADDRESS	<b>109 LANDINGS BLVD.</b>		1.3 STREET ADDRESS	<b>3655 WOODS WALK BLD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>		1.4 CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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: MICHAEL COSGROVE *[Signature]* DATE: **4-1-97** DAYTIME PHONE #: **561 642 0948**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)