

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 142177 (5)

1. Corporation Name

COOLIDGE CORP

Principal Place of Business

1401 79TH ST. CSWY
MIAMI FL. 33141

Mailing Address

1401 79TH ST. CSWY
MIAMI FL. 33141



2. Principal Place of Business

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ANSIN, EDMUND N
1401 79TH STREET CSWY
MIAMI FL. 33169

3. Date Incorporated or Qualified

05/12/1943

3a. Date of Last Report

02/14/1995

4. FEI Number

59-6061732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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 607.0106, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
ANSIN, EDMUND N.
1401 79TH ST CSWY
MIAMI FL.

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S
METCALF, ROGER G.
7080 N.W. 10TH PL.
PLANTATION FL

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 from an actual beneficial owner.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

305-995 2612

CR2E034 (12/95)