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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **216743** (5)

1. Corporation Name
COSTA BROOM WORKS, INC.



Principal Place of Business
**3606 4TH AVE.
P O BOX 5091
TAMPA FL 33605**

Mailing Address
**POST OFFICE BOX 5091
P O BOX 5091
TAMPA FL 33675-5091
US**

3. Date Incorporated or Qualified
10/30/1958

3a. Date of Last Report
01/24/1996

4. FEI Number
59-0841671

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

25 Country

29

30

9. Name and Address of Current Registered Agent

**COSTA, FRANK J
3606 4TH AVENUE
TAMPA FL 33605**

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 607.0502 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 **FRANK J. COSTA, PRESIDENT** *Frank J. Costa* **3/6/97**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **DP**

NAME **COSTA, FRANK J**

STREET ADDRESS **123 CHESAPEAKE AVE.**

CITY-ST-ZIP **TAMPA FL**

TITLE **D**

NAME **COSTA, MARY S**

STREET ADDRESS **109 CHESAPEAKE AVE.**

CITY-ST-ZIP **TAMPA FL**

TITLE **STD**

NAME **COSTA, CONSTANCE**

STREET ADDRESS **109 CHEAPEAKE AVE.**

CITY-ST-ZIP **TAMPA FL**

TITLE **DV**

NAME **COSTA, JOSEPH F.**

STREET ADDRESS **308 W CHIPPEWA AVENUE**

CITY-ST-ZIP **TAMPA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Frank J. Costa* **3/3/97**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)