

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG -7 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 315370 (7)**

1. Corporation Name  
**COONEY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **13400 SW 80 AVE MIAMI FL 33156 US**  
Mailing Address: **13400 SW 80 AVE MIAMI FL 33156 US**

3. Date Incorporated or Qualified: **04/03/1967**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21 JAME**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **59-1199363**  
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. 198.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**COONEY, THOMAS G  
13400 SW 80 AVE  
MIAMI FL 33156**

10. Name and Address of New Registered Agent:  
B1 Name:  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3:  
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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: *Thomas G. Cooney* (NOTE: Registered Agent signature required when re-registering) DATE: **8/1/95**

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	COONEY, THOMAS G
STREET ADDRESS	13400 SW 80 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	VTD
NAME	COONEY, PAULA C
STREET ADDRESS	13400 SW 80 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	COONEY, DAVID G
STREET ADDRESS	13400 SW 80 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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)(k), 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: *Thomas G. Cooney* Pres. DATE: **8/1/95** (205) 238-6818

CR2E034 (3/95)