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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Mar 04 1998 8:00am Secretary of State

	1998	3	DIVISION OF CORPOR			ONS		Secreta	ıry (	01.2	iale
D(	OCUMEN Corporation Name	T# 63024	8 (3)								
	COYE OF IIC	CAL COMPANY						1 120112 01120 (1111 20110 11011 0121	ZAM BIĞIL BI	SIL ALANI BIANI Z	:0()
Principal Place of Business Mailing Address								n jähritä Bridå tiirit abrid tibit Aidal	10(1 4101) 41	814 <b>6164 3184 8</b>	1411 01011 1401
COVE SHOPPING CENTER 3940 NE 31ST AVE 1809 SE 3RD CT LIGHTHOUSE POINT F					92064						
DEERFIELD BEACH FL 33441 US								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
2. P	rincipal Place of B	usiness	2a. Mailing Address					<b>07/20/1979 4.</b> FEI Number		T IA	polied For
21			26				59-1926328			t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
City & State			City & State			•			Fee Re		
23	ny & State		28					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
	ip	Country	Zip	Cou	intry	,		8. This corporation owes or has pa	aid the cui		
24		25	29	30	т			Personal Property Tax due June			] No
		me and Address of Current	Registered Agent		81	Name		10. Name and Address of New Re	gistered	Agent	
		ANDREW F			<b>°</b> '	Name		<u> </u>			
3940 NE 31ST AVE LIGHTHOUSE POINT FL 33064						Street	Addres	s (P.O. Box Number Is Not Acceptal	ble)		
	LIGHTHO	03E PUNT FL 33004			83						
					84	City				85 Zip	Code
						- 7			FL	.     `	. [
11.	Pursuant to the pro office or registered	ovisions of Sections 607.0502 Lagent, or both, in the State	2 and 607.1508, Florida Sta of Florida, Such change wa	alutes, the a	bove d by	e-named	d corporation	ation submits this statement for the n's board of directors. I hereby acce	ourpose o	f changing if pointment as	s registered registered
	agent. I am familia	r with, and accept the obliga	tions of, Section 607.0505,	Florida Sta	tute	S.	•	·			}
SIGI	NATURE Signature t	yped or ponted nume of registered agen	nt and title if applicable (f	NOTE Registere	d Age	ent signature	e required	when reinstating)	DATE	•	
12.		OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PTI		☐ DELETE	1.1 7						☐ Change	Addition
NAME		UNO, ANDREW F		1.2 N							
	1 140	10 NE 31ST AVE HTHOUSE PT FL.				ADDRESS ST-ZIP					ļ
TITLE	ST-ZIP LIG	TITIOOOL TITE.	DELETE	2.1 T		et-zir	<del> </del>			Change	Addition
NAME	BRI	BRUNO, FRANCES 22		2.2 N	AME						
STREE				2.3\$	2.3 STREET						. ]
	ST-ZIP LIG	HTHOUSE PT FL.	Driett			ST-ZIP	ļ	<u></u>	٠ ٠	Channa	Addition
TITLE			☐ DELETE	3.1 7						Change	L Addition
	REET ADDRESS			3.2 NAM 3.3 STRE		ADDRESS					ļ
City-St-ZiP				3.4. CITY-ST-ZIP			1				1
TITLE	TLE		☐ DELETE							Change	Addition
NAME				4, 2 NAME							
	T ADDRESS					ADDRESS					
CITY-	ST-ZIP	···	DELETE	4.4 C 5.1 Ti		ST-ZIP	┼		<u> </u>	Change	Addition
NAME				5.1 N			1				
	T ADDRESS					ADORESS					ì

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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY - ST - ZIP

STREET ADDRESS

TITLE NAME

DELETE

(954)427-6363

Change