

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1. Corporation Name
ROBERT COSSICK, INC.

DOCUMENT # 1995 MAY -1 PM 1:48
676147 (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
4332 S.W. 52ND STREET
P. O. BOX 6741
HOLLYWOOD FL 33081-0741

Principal Place of Business
4332 S.W. 52ND STREET
P. O. BOX 6741
HOLLYWOOD FL 33081-0741

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number 59-2006343	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee	8. This corporation has liability for intangible tax under § 199.037 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24 P.C.	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent COSSICK, ROBERT 4332 S.W. 52ND STREET FT. LAUDERDALE FL 33044	10. Name and Address of New Registered Agent 81 Name COSSICK, ROSE MARIE 82 Street Address (P.O. Box Number is Not Acceptable) 4332 S.W. 52ND STREET, PO BOX 6741 83 P.O. BOX 6741 84 City HOLLYWOOD FL 85 Zip Code 33021
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Not: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE P/D	12 NAME COSSICK, ROBERT	11 TITLE P/V/S/D	12 NAME ROSE MARIE COSSICK
13 STREET ADDRESS 4332 S.W. 52ND ST.	14 CITY - ST - ZIP FT. LAUDERDALE FL	13 STREET ADDRESS 4332 S.W. 52ND STREET, P.O. BOX 6741	14 CITY - ST - ZIP HOLLYWOOD, FL 33021
21 TITLE V/S/D	22 NAME COSSICK, ROSE MARIE	21 TITLE	22 NAME
23 STREET ADDRESS 4332 S.W. 52ND ST.	24 CITY - ST - ZIP FT. LAUDERDALE FL	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY - ST - ZIP	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY - ST - ZIP	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY - ST - ZIP	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY - ST - ZIP	63 STREET ADDRESS	64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Marie Cossick 4/28/95 (305)922-4477
ROSE MARIE COSSICK Date Issuance