

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 15 1996 8:00 am  
Secretary of State

DOCUMENT # 689754 (0)  
1. Corporation Name  
COSMAC, INC.



Principal Place of Business  
507 HERBERT ST  
SUITE D  
PORT ORANGE FL 32119

Mailing Address  
507 HERBERT ST  
SUITE D  
PORT ORANGE FL 32119

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1980		3a. Date of Last Report 04/27/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2035694		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KING, OWEN / % COSMAC  
507 HERBERT STR  
STE D  
PT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name  
REIMER, RONALD L. / % COSMAC, INC.  
82 Street Address (P.O. Box Number is Not Acceptable)  
507 HERBERT ST., SUITE C  
83 PORT ORANGE, FL 32119  
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

(Signature typed or printed name of registered agent and location if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, OWEN			1.2 NAME			
STREET ADDRESS	1450 MADELINE ST.			1.3 STREET ADDRESS			
CITY-STATE-ZIP	PORT ORANGE FL			1.4 CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REIMER, R L			2.2 NAME			
STREET ADDRESS	2295 OLD KINGS RD			2.3 STREET ADDRESS			
CITY-STATE-ZIP	DAYTONA BCH, FL 00000			2.4 CITY-STATE-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REIMER, M.B.			3.2 NAME			
STREET ADDRESS	2295 OLD KINGS RD			3.3 STREET ADDRESS			
CITY-STATE-ZIP	DAYTONA BCH FL			3.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-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: *Madeleine B. Reimer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96 904-760-7365  
DATE DAYTIME PHONE

CR2E034 (12/95)