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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997
DOCUMENT # 829342

9342 (5)

COSGROVE ENTERPRISES, INC.

FILED Mar 17 1997 8:00am Secretary of State



	Plane of Business	Mailing Address	· ·			T EGULDA MAND HIGHD ANIMO FAILL GIVER AND GIVEN GROWN GIVEN			
18000 NW 40 AVENUE MIAMI FL 33014		16000 NW 49 AVE MIAMI FL 33014-6311							
US		U\$				3. Date Incorporated or Qualified 01/12/1973		te of Last   01/1996	Report
2. Procipa	al Place of Business	2a. Mailing Address				4. FEI Number			pplied For
1		26				39-0944024		N	lot Applicable
State, A	λρίπ, etc	Suite, Apt. #, etc.				6. Certificate of Status Desired			Additional lequired
Gity 8 5	State	City & State				Election Campaign Financing     Trust Fund Contribution	6. Election Campaign Financing Trust Fund Contribution Added to Fees		
±1 Ζφ	Country	Zip	Co	untry		8. This corporation has liability for it	ntangible	tax under	s. 199.032,
4	25	29	30				Yes [	<del></del>	
	9. Name and Address of C	urrent Registered Agent		ļ	,	10. Name and Address of New Reg	istered /	Agent	
	ROGERS, GREGORY R.			81	Name				
8224 NW 2ND CT				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
C	CORAL SPRINGS FL 33071			L					
				83					
				84	City			<b>85</b> Zip	Code
					<u> </u>	poration submits this statement for the p	FL		
office agent SIGNATUR	Lami familiar with land accept the	obligations of Section 607.0505,	is authorize Florida Sta	ea by	the corpora s.	ation's board of directors. I hereby accep	і тое арр	ointment a	s registered
	Signature, typica or printed naturi of region-				ent signature requ	uired when reinstaling)	DATE		
12.	OFFICER 1 PD	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	ROGERS, GREGORY R.	☐ DELETE		ITLE				L. Change	☐ Additio
NAME	DOOM ARM OND OT			IAME					
STREET ACORD	CORAL SPRINGS FL		1		ADDRESS				
Otto St. 709 Title	STD	DELETE		IIILE	ST-ZIP			Change	Additio
	COSGROVE, MICHELE	F" DETCIE	ł	NAME				L. J Unange	L. J. Addition
name Sarefa addre	14700 DDCCVAIECC DI				ADDRESS				
	MIAMI LAKES, FL.		1		1				
C:TY-SI-ZIP Tille	VD	DELETE		LITLE	ST-ZIP			Change	Addilio
NAME	HARTMAN, JOSEPH	<b>X</b>		VAME				La coming	
STREET ADDRE	TO DOC WILL OCK				ADDRESS				
әтитет ғаялы: Сп1у - \$1 - 7№	COCONUT CREEK FL				ST-ZIP				
TILE		DELETE		TITLE	31-211	77111		Change	Additio
NAME			4. 2	NAME				_	
STREET ADDIS	ess l		1		ADDRESS				
CHY-S1-ZiP									
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NAMI	ISS	☐ DELETE	4.4 (5.1 ) 5.1 ) 5.2 ( 5.3 ) 5.4 (	CITY-S TITLE NAME STREET	ST-ZIP			Change Change	
NAMI STREET ADDRE CITY: SU-ZIP	158		4.4 ( 5.11 5.21 5.33 5.4 ( 6.11	CITY-S TITLE NAME STREET	ST-ZIP FADORESS				
NAMI STREET ADDRE CITY - ST - ZI-1 DIEF NAME			4.4 (5.17) 5.21 5.33 5.41 6.11	CITY-S TITLE NAME STREET CITY-S TITLE NAME	ST-ZIP FADORESS				Addition
NAME STREET ADDRE CITY - ST- 7F1 TREE			4.4 (5.1) 5.21 5.33 5.41 6.11 6.21	CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ST-ZIP  ADDRESS ST-ZIP				

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



1/6/97

305 623-6700