

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F55438** (8)
1. Corporation Name
COUSINS III, INC.



Principal Place of Business: **883 WEST BAY DR LARGO FL 34640**
Mailing Address: **883 WEST BAY DR LARGO FL 34640**

3. Date Incorporated or Qualified: **11/20/1981**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2150569**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**PRATESI, EMIL G
1253 PARK ST
CLEARWATER, FL
33516**

10. Name and Address of New Registered Agent
81 Name: **Carlo Conti**
82 Street Address (P.O. Box Number is Not Acceptable): **1314 Ann Circle**
83 **?**
84 City: **Clearwater** FL 85 Zip Code: **34616**

11. Pursuant to the provisions of Sections 607.013(2) and 607.1505, 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 607.013(2), Florida Statutes.
SIGNATURE: *[Signature]* **CARLO CONTI** DATE: **5-4-96**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONTI, ANTONIO	
STREET ADDRESS	408 EAST SHORE DRIVE	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONTI, CARLO	
STREET ADDRESS	1314 ANN CIRCLE	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CONTI, MARILENA	
STREET ADDRESS	1314 ANN CIRCLE	
CITY- ST- ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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14. I do hereby certify that the information supplied on 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 superior 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 registered agent or authorized officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as required by an attached exhibit.

SIGNATURE: *[Signature]* **CARLO CONTI** DATE: **4-23-96** (813) 586-5013

CR2E034 (12/95)