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FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F61365 (5)

1. Corporation Name

COCOANUT PALM CLEANERS, INC.

Principal Place of Business

C/O BROWN, HOWARD T
8517 E. GARDEN OAKS CIRCLE
PALM BEACH GARDENS FL 33410
US

Mailing Address

C/O HOWARD T. BROWN
8517 E. GARDEN OAKS CIRCLE
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1982

4. FEI Number

59-2172457

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8517 E. GARDEN OAKS

26 90 HOWARD T. BROWN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 8517 E. GARDEN OAKS CIR

City & State

23 PALM BEACH GARDENS FL

28 PALM BEACH GARDENS FL

Zip

Country

Zip

Country

24 33410

25 PALM BEACH

29 33410

30 PALM BEACH

g. Name and Address of Current Registered Agent

BROWN, HOWARD T.
8517 E. GARDEN OAKS CIRCLE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Howard T. Brown
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/98

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME BROWN, HOWARD T
STREET ADDRESS 8517 E GARDEN OAKS CIR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VTD ☐ DELETE

NAME BROWN, MARIE C
STREET ADDRESS 8517 E GARDEN OAKS CIR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE SD ☐ DELETE

NAME REEVES, SUSAN M
STREET ADDRESS 8517 E GARDEN OAKS CIR
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE PD ☐ DELETE

NAME BROWN, DAVID F
STREET ADDRESS 7432 ANSLEY DR
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Howard T. Brown REQUIRED

1/19/98 561-625-9491

CR2E034 (10/97)