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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

CIGNATUDE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001208 (7)

COUSINS FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 5329 W. ATLANTIC AVE.: #204A 5329 W. ATLANTIC AVE., #204A **DELRAY BEACH FL 33484** DELRAY BEACH FL 33484 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1994 2. Principal Place of Business 2a. Mailing Address Applied For 36-3892316 Not Applicable Suite Ant # etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 COUSINS, WILLIAM R 5329 W. ATLANTIC AVE., #204A 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33484** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTL Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE NAME **COUSINS, JOHN** 1.2 NAME 1200 HARGER RD., #323 STREET ADDRESS 1.3 STREET ADDRESS OAK BROOK IL CITY-ST-ZIP 1.4 CHTY-ST-ZIP Addition DELETE 2.1 TITLE Change NAME COUSINS, WILLIAM R 2.2 NAME STREET ADDRESS 1200 HARGER RD., #323 2.3 STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME ALLEN, DIANA J 3.2 NAME 1200 HARGER RD., #323 3.3 STREET ADDRESS STREET ADDRESS OAK BROOK IL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address

Jana J Alles 1-30-98