

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

FILED  
Jul 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000005496 (4)

1. Corporation Name

THE COVER STORY, INC.



Principal Place of Business

Mailing Address

3616 CASABLANCA AVE.  
ST. PETE BEACH FL 33706  
US

P.O. BOX 66742  
ST. PETE BEACH FL 33736-6742  
US

3. Date Incorporated or Qualified  
10/24/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 15201 ROOSEVELT BLVD

2a. Mailing Address

26 15201 ROOSEVELT BLVD

22 Suite/Apt. #, etc.

106

27 Suite/Apt. #, etc.

106

23 City & State

CLEARWATER, FL

28 City & State

CLEARWATER, FL

24 Zip

34620

25 Country

PINELLAS

29 Zip

34620

30 Country

PINELLAS

4. FEI Number

59-3274985

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOPER, RACHEL  
3616 CASABLANCA AVE.  
ST. PETE BEACH FL 33706

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME COOPER, RACHEL  
STREET ADDRESS 3616 CASABLANCA AVE.  
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

☐ DELETE

TITLE T  
NAME COOPER, TERRY  
STREET ADDRESS 3616 CASABLANCA AVE.  
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 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: TERRY COOPER 7/15/97 (813) 524-3033

CR2E034 (9/96)