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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002895 (8)

COVERT BUILDERS, INC.

FILED May 12 1998 8:00am Secretary of State

, 00,12									
Principal Place of Business		Mailing Address				ILIA MARIAN MARAMANA	. 10 14 14 16 18 18 1	idi Biki idal	
665 CAROL MARIE DR. BATON ROUGE LA 70806		665 CAROL MARIE DR. BATON ROUGE LA 70806							
DAIGH HOUG	- D 1000		.)	1	DO NOT WRITE	IN THIS SPA	ICE		_
		10621 NIDAK	HILL	s fawy	3. Date Incorporated or Qualified				
2. Principal Pl	ace of Business	2a, Mailing Address		···	06/11/1996 4. FEI Number		TAr	oplied For	+
21/102	ARIOLADR. R.	26 065 CAROL	MA	228	72-1305341			ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired			Additional	1	
Cpy & State		City & State						equired	$\frac{1}{2}$
23 PONSAC		28 BATON ROVE	r LA		Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24 32504	Country	7ip	Country		8. This corporation owes or has pa	_	-]
24 37507	25 USA 9. Name and Address of Curren	29 70 00 30		·	Personal Property Tax due June 10. Name and Address of New Re			_] No	4
CO	VERT, CHRISTOPHER	Thegistored Agent	81	Name	IO. Hamo and Modrodo Of How He	Sharoron via	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
1100 ADIOLA DD				82 Street Address (P.O. Box Number is Not Acceptable)					-
PENSACOLA BEACH FL 32582									
***			83						
1164			84	City		FL '	35 Zip	Code	1
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named corpo	ration submits this statement for the	nuronse of ch	anging il	ts registered	┨
oth de or re agent. Lar	egist ered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such ch ange w as auth itions of Section 607.0505, Florid	horized by la Statutes	the corporatio	n's board of directors. I hereby acce	pt the appoin	lment as	registered	
SIGNATURE .									
12.	Signature typical or printed in the others stered rights OFFICERS AND		13.	nt signarure required	ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	BECTOE	3S IN 12	18
inu .	PST	ERT, CHRISTOPHER R 1.116 1.116 1.218			7.557.101.101.101.101.101.101.101.101.101.10		Change	Addition	ļ
HAME	COVERT, CHRISTOPHER R								3
BINEETEADORESS	BATON DOLLOS LA TORGO		1.3 STREET	ADDRESS					Įğ
CITY-ST-ZIP	BATON ROUGE LA 70806	1.4 Cr DELETE 2.1 HT		- ZIP			Change	Addition	١þ
NAME '	AN EST AFABAT A		21 THTLE 22 NAME				Vitalige	Addition	
STREE T ADDRESS	10621 NORTH OAK HILLS PK	WY., STE. A	2.3 STREET A	ADDRESS					
CITY/-ST-ZIP	BATON ROUGE LA 70810		2. 4 CITY - ST	T-ZIP					
TIT E			3.1 TITLE			E.	Change	Addition	
TIME TREET ADDRESS		ļ	3.2 NAME 3.3 STREET A	ADODECC					1
CITY-ST-ZIP			3.4. CITY - ST						
Bir			4.1 TITLE	 "			Change	Addition	1
			4 2 NAME	ļ					
STREET ADDRESS			4.3 STREET A	ADDRESS					
CITY-\$T-ZIP		DELETE	4.4 CITY - ST 5.1 TITLE	- ZIP			Change	Addition	1
NAME		E ordere	5.2 NAME				Откапус	Addition	
STREET ADDRESS			5.3 STREET A	ADDRESS					
CITY-ST-ZiP		ì	5.4 CiTY-S1						
TITLE		DELETE	6.1 TITLE				Change	Addition	1
NAME			6 2 NAME						
STREET ADDRESS		İ	63 STREEL A	ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST						1
14. I hereby of indicated (ertity that the information supplied with this applied report or supplied entails.	th this filing does not qual ify for the	he exempti	ion stated in Si I my signature	ection 119.07(3)(i), Florida Statutes, I shall have the same legal effect as i	further certify f made under	/ that the	information	

indicated on this armost report of supplemental antitier export is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the officer or the receiver or trustine 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 for on an attribution with an address.