

09161999-90006-049-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

999.

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000000632					
1. Corporation Name COVEWICK ENTERPRISES, INC.					
Principal Place of Business 3885 S. DECATUR, SUITE 2010 LAS VEGAS NV 89103			Mailing Address 3885 S. DECATUR, SUITE 2010 LAS VEGAS NV 89103		

FILED

99 NOV 15 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 91-1883629	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property.	Yes ☐ No ☒
9. Name and Address of Current Registered Agent GOLDSTEIN, ARNOLD S 384 S. MILITARY TRAIL DEERFIELD BEACH FL 33442				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	TOOKER, JAMES E	1.2 NAME	
STREET ADDRESS	384 S. MILITARY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	GOLDSTEIN, ARNOLD S	2.2 NAME	
STREET ADDRESS	384 S. MILITARY TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	CHESLER, BARRY	3.2 NAME	
STREET ADDRESS	384 S. MILITARY TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/99

954-480-8933

Date

Daytime Phone #

CR2E034 (5/99)