

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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # **G32673** (7)
1. Corporation Name
C. B. DEVELOPERS OF COCOA, INC.



Principal Place of Business
**402 HIGH POINT DRIVE
P. O. BOX 3767
COCOA FL 32926
US**

Mailing Address
**402 HIGH POINT DRIVE
P. O. BOX 3767
COCOA FL 32926
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1983	
21		26		4. FEI Number 59-2284949	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KIRSCHENBAUM, MALCOLM R 402 HIGH POINT DRIVE COCOA FL 32926				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLIS, EDWARD J	1.2 NAME	
STREET ADDRESS	368 DORSET DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BRUCE	2.2 NAME	
STREET ADDRESS	1450 COX ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTOSKY, GARY	3.2 NAME	
STREET ADDRESS	6028 WINDOVER WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANN, JAMES	4.2 NAME	
STREET ADDRESS	2106 INDIAN RIVER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNDIFF, WILLIAM E	5.2 NAME	
STREET ADDRESS	118 S POLLARD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	VINTON, VA 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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- *James Swann* SIGNATURE REQUIRED James Swann 1/19/98 407/632-4710

CR2E034 (10/97)