

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90062 008 \*\*\*150.00

DOCUMENT # G32673

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

3. Date Incorporated or Qualified

04/12/1983

4. FEI Number

59-2284949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 914 DIXON BLVD.

2a. Mailing Address

26 P O Box 3767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

25 32922

29 32924-3767 30

9. Name and Address of Current Registered Agent

KIRSCHENBAUM, MALCOLM R  
402 HIGH POINT DRIVE  
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

914 DIXON BLVD.

83

84 City

FL

85 Zip Code

32922

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
PLIS, EDWARD J  
368 DORSET DR  
COCOA BCH, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
OSTOSKY, GARY  
6028 WINDOVER WAY  
TITUSVILLE, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
SWANN, JAMES  
2106 INDIAN RIVER DR  
COCOA, FL 00000

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

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3570 OAK HILL DR  
TITUSVILLE, FL 32781

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3865 HIDDEN HILLS DR  
TITUSVILLE, FL 32796

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

914 DIXON BLVD  
COCOA, FL 32922

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

407-631-2022

Daytime Phone #

CR2E034 (11/98)

0111791