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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

(3)

FILED Jan 23 1998 8:00am Secretary of State

| COSHING POOL & PATIO, INC. | | | | | | | | |
|---|---|----------------------------|-------------------|------------------|--|---|--|--|
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | i camiter auen trend litter und brafen bert bibli Resti dini n | 1411 83861 81811 1841 | | |
| 13833 WELLINGTON TRACE. #E15 13833 WELLINGTON TRAC W PALM BCH. FL 33414 W PALM BCH. FL 33414 | | | | 5 | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified 04/19/1983 | | | |
| Principal Place of Business 2a. Mailing Address | | | ss | | 4. FEI Number | Applied For | | |
| 21 | | 26 | | | 59-2322855 | Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, e | tc. | | 5. Certificate of Status Desired | .75 Additional | | |
| | | 27 | | | 5. Solumbalo di Cialdo Scalled E | ee Required | | |
| City & State | | City & State | | | | 5.00 May Be | | |
| Zip | 28 | | 1 0- | | Trust Fund Contribution | | | |
| | Country | Zip | Country | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | |
| 24 | 9. Name and Address of Curren | 29 of Registered Agent | 30 | | Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent | | | |
| CU | · | it Hogistered Agent | | 81 Name | IV. Name and Address of New Registered Agent | | | |
| CUSHING, MICHAEL 136 SEVILLA AVE | | | | | | | | |
| ROYAL PALM BCH 33411 | | | | 82 Stree | ress (P.O. Box Number is Not Acceptable) | | | |
| 110111111111111111111111111111111111111 | | | | 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. | | | | | | | | |
| 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 little if applicable. (INOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | OFFICERS ANI | | 13. | o regent signatu | ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTORS IN 12 | | |
| TITLE | PD | DELE | | TLE | ☐ Cr | | | |
| NAME | CUSHING, WILLIAM J. | | 1.2 N | ME | | • | | |
| STREET ADDRESS | AAA OLYBEODALE ALE | | | REET ADDRESS | | | | |
| CITY - ST - ZIP | W PALM BCH. FL | | | TY-ST-ZIP | | | | |
| TITLE | VD | DELE | | | ☐ Ch | ange Addition | | |
| NAME | CUSHING, MICHAEL | | 2.2 N | AME | | | | |
| STREET ADDRESS | 136 SEVILLA AVE | | 2.3 \$ | REET ADDRESS | | 1 | | |
| CITY-ST-ZIP | ROYAL PALM BCH FL | | 2.40 | ITY-ST-ZIP | | | | |
| TITLE | DST DELETE | | TE 3.1 TI | TLE | ∠X Ch | ange 🔲 Addition | | |
| NAME | CUSHING, EVELYN | | 3.2 N | ME | DAD DIVE | - | | |
| STREET ADDRESS | 4364 LILAC CIR | | | REET ADDRESS | 214 PAR DRIVE | ļ | | |
| CITY - ST - ZIP | LAKE WORTH FL | | 3.4. C | ITY-ST-ZIP | 214 PAR DRIVE ROYAL PALM BEACH FL 339 | 411 | | |
| TITLE | to a recommendation | ☐ DELE | TE 4.1 TI | ILE | / Ch | ange Addition | | |
| NAME | | | 4. 2 N | ame | | | | |
| STREET ADDRESS | | | 4,3 ST | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST-ZIP | | | | |
| TITLE | | ☐ DELE | ŢE 5.1 ΤΓ | rle. | ☐ Ch | ange 🔲 Addition | | |
| NAME | | | 5.2 N | ME | | | | |
| STREET ADDRESS | | | 5.3 \$1 | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | | |
| TITLE | | ☐ DELE | TE 6.1 TI | LE | ☐ Ch | ange | | |
| NAME | | | 6.2 NA | ME | | | | |
| STREET ADDRESS | | | 6.3 57 | reet adoress | | ł | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | | |
| 14. I hereby c | ertify that the information supplied wi | th this filing does not qu | alify for the exe | mption stat | d in Section 119.07(3)(i), Florida Statutes. I further certify the | at the information | | |

id accurate and that my signature shall have the same legal effect as if made under oath; that I am ar ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in