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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G50545

(4)

1. Corporation Name

COTEE INDUSTRIES INC.

Principal Place of Business

% STEPHEN A. MARUSAK
6045 SHERWIN DRIVE
PORT RICHEY FL 34668

Mailing Address

% STEPHEN A. MARUSAK
6045 SHERWIN DRIVE
PORT RICHEY FL 34668-6751



3. Date Incorporated or Qualified

07/01/1983

3a. Date of Last Report

05/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2602874

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARUSAK, STEPHEN A.
6128 E OAKRIDGE AVE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDF ☐ DELETE

NAME MARUSAK, STEPHEN A.
STREET ADDRESS 6128 E OAKRIDGE AVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE V ☐ DELETE

NAME MARUSAK, STELLA
STREET ADDRESS 6128 E OAKRIDGE AVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE T ☐ DELETE

NAME MARUSAK, FLORENCE M.
STREET ADDRESS 6128 E OAKRIDGE AVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ DELETE

NAME DEMPSEY, JOSEPH M
STREET ADDRESS 405 EVERGLADE DR
CITY-ST-ZIP VENICE FL

TITLE VS ☐ DELETE

NAME WRUCHA, STANLEY JR.
STREET ADDRESS 1873 CAMEO WAY
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME FILEPAS, GEORGE A.
STREET ADDRESS 5811 PLAINMEW DRIVE
CITY-ST-ZIP HARRISBURG PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/97 813 845-3737

CR2E034 (9/96)