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

DOCUMENT # ROBERT H. COSS HOLDINGS, INC.

(3)

FILED May 06 1998 8:00am Secretary of State

_									
Principal Place	of Business	Mailing Addre	968			1 (BOND): BLAD HAND TOTAL ELOCA LITED AND LOTAL BINDS BLOST BINDS BINS BINDS			
2140 BROADWAY (50362) BOX 33605 FORT MYERS FL 33601		2140 BROADWAY (50362) BOX 33905 FORT MYERS FL 33901				DO NOT WRITE IN THIS SPACE			
	SRS FL 33901 al Place of Business upt. #, etc					 Date Incorporated or Qualified 01/24/1985 			
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address			4, FEI Number	Applied For		
1		26				59-2504257	Not Applicat	ole	
Suite, Apt. #, etc		Suite, Apt	Suite, Apt. #, etc.				\$8.75 Additional Fee Required		
City & State		City & Sta	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 4	 —	Ζιρ 29	70 30	untry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes		
	g. Name and Address of Cu	irrent Registered Ager	nt			10. Name and Address of New Registered Ag	ent		
coss	s, robert h			81	Name				
					Street Add	Address (P.O. Box Number is Not Acceptable)			
. •	WILITO I E GOOT			83					
				84	City	FL	85 Zip Code		
office or rec	the provisions of Sections 607 pistered agent, or both, in the Stamiliar with, and accept the company of the co	State of Florida Such ch	nange was authorize	d by	the corpora	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoi	nanging its registered itment as registered	be	

SIGNATURE	Signatura, typed or printed name of registered agent and title if applicable	(NOTE: R	egistered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		S TO OFFICERS AND DIREC	TORS IN 12
TITLE	DP D	ELETE	1.1 TITLE		Chan	
NAME	COSS, ROBERT H		1.2 NAME			
STREET ADDRESS	375 FAIRVIEW AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY - ST - ZIP			
TITLE	DE	ELETÉ	2.1 TITLE		Chan	ge Addition
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		:	2. 4 CITY-ST-ZIP			
TITLE	□ oi	ELETE	3.1 TITLE	·· -	Chan	ge Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CFTY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	DE DE	ELETE	4.1 TITLE		Chan	ge Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	□ DE	ELETE	5.1 TITLE		☐ Chan	ge Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	DE	ELETE	6.1 TITLE		Chan	ge 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY+ST-ZIP			64 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 13 if changed, or on an attachment with an address.

SIGNATURE: