

FILE NOW: FILING FEE AFTER MAY 1ST 10.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPAF STATE Sandra Im Secret DIVISION OF TIONS
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DOCUMENT # **H43194** (0)
1. Corporation Name
COVENTRY LTD., CORP.

Principal Place of Business 4109 TAMiami TRAIL SO VENICE FL 34293 US	Mailing Address 4109 TAMiami TRAIL SO VENICE FL 34293 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1985	
21		26		4. FEI Number 59-2502063	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	City		
24	25	29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEAVER, GEORGE
101 BAYONNE ST
SARASOTA FL 34293
WOODLAND PL
OSPREY FL 34229

11	Name	
12	Street Address (P.O. Box Number is Not Acceptable)	
13		
14	City	
FL	65	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, we 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 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: Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAVER, GEORGE		AE	
STREET ADDRESS	101 BAYONNE ST 105 Woodland Pl.		EET ADDRESS	
CITY-ST-ZIP	SARASOTA FL Osprey Fl 34229		Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			AE	
STREET ADDRESS			EET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			AE	
STREET ADDRESS			EET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			AE	
STREET ADDRESS			EET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			AE	
STREET ADDRESS			EET ADDRESS	
CITY-ST-ZIP			Y-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for option 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature] **USE CLEAR 9/11/98 741-497-1184**

CR2E034 (10/97)