

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996

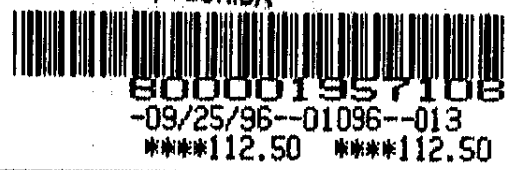


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP 11 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **J60897 (2)**
1. Corporation Name
COVER-RITE, INC.

Principal Place of Business: **2903 HARRISON AVE ORLANDO FL 32804 US**
Mailing Address: **29036 HARRISON AVE ORLANDO FL 32804 US**

3. Date Incorporated or Qualified: **03/09/1987**
3a. Date of Last Report: **08/24/1995**
4. FEI Number: **59-2802515**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **VENEGAS, REYNALDO 2903 HARRISON AVE. ORLANDO FL 32804**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE: PD | VENEGAS, REYNALDO A. 2903 HARRISON AVE. ORLANDO FL 32804-4444 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: ST | VENEGAS, SANDRA 2903 HARRISON AVE. ORLANDO FL 32804-4444 | 1.2 NAME | |
| TITLE: [] DELETE | | 1.3 STREET ADDRESS | 800001957108 |
| TITLE: [] DELETE | | 1.4 CITY - ST - ZIP | -09/25/96--01096--014 |
| TITLE: [] DELETE | | 2.1 TITLE | ***112.50 ***112.50 |
| TITLE: [] DELETE | | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [] DELETE | | 2.3 STREET ADDRESS | |
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| TITLE: [] DELETE | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Venegas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 *407-423-5510*
Date Daytime Phone 4

CR2E034 (12/95)