

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K33450** (3)

1. Corporation Name
THE COUZINS GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% TRAVELCRAFTERS % TRAVELCRAFTERS
1941 UNIVERSITY DR. 1941 UNIVERSITY DR.
CORAL SPRINGS FL 33071-3032 CORAL SPRINGS FL 33071-3032

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/20/1988		01/19/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0072551		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24	25	29	30	Trust Fund Contribution		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOFSHEVER, HAROLD S. 2455 E SUNRISE BLVD SUITE 917 FORT LAUDERDALE FL 33304				81 Name AL-RU ACCOUNTING SERVICE, INC 82 Street Address (P.O. Box Number is Not Acceptable) 6731 S W 9TH PLACE 83 N. Lauderdale, FL 33068 84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: *Ruth Wolfer, president* **Ruth Wolfer** 3/17/95
Signature, typed or printed name of registered agent, and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	NONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOFSHEVER, HAROLD S.	1.2 NAME	REMOVE FROM REPORT
STREET ADDRESS	1975 E SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULGARO, JAMES M.	2.2 NAME	
STREET ADDRESS	1941 UNIVERSITY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMUS, RICHARD A.	3.2 NAME	
STREET ADDRESS	1941 UNIVERSITY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James M. Fulgaro* **JAMES FULGARO, PRESIDENT** 2/16/95 305-753-7540
Signature, typed or printed name of signing officer or director Date Mailing Phone #