

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K82705

(0)

1. Corporation Name

COSGROVE CONSTRUCTION INC

Principal Place of Business

109 LANDINGS BLVD.
SUITE 503
WEST PALM BEACH FL 33413
US

Mailing Address

109 LANDINGS BLVD
SUITE 503
WEST PALM BEACH FL 33413-2027
US

3. Date Incorporated or Qualified

04/21/1989

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0119935

Applied For

Not Applicable

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 3655 WOODS WALK BLVD

Suite, Apt. #, etc.

22

City & State

23 LAKE WORTH FL

Zip

24 33467

Country

25 USA

2a. Mailing Address

26 3655 WOODS WALK BLVD

Suite, Apt. #, etc.

27

City & State

28 LAKE WORTH FL

Zip

29 33467

Country

30 USA

9. Name and Address of Current Registered Agent

COSGROVE, MICHAEL
109 LANDINGS BLVD.
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

3655 WOODS WALK BLVD

83

84 City

LAKE WORTH

FL

85 Zip Code

33467

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

MICHAEL COSGROVE

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

(NOTE: Registered Agent signature required when reinstating)

4-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME COSGROVE, MICHAEL
STREET ADDRESS 109 LANDINGS BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME
1.2 NAME SAME
1.3 STREET ADDRESS 3655 WOODS WALK BLVD
1.4 CITY-ST-ZIP LAKE WORTH FL 33467

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

MICHAEL COSGROVE

4-1-97

Date

561 642 0948

Daytime Phone #

0342454

CR2E034 (9/96)