PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K88834 1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90058 008 ***150.00

COSMO	PRO, INC.							
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·	- -		INDIA DADA ADDI
320 FENTRESS BLVD DAYTONA BCH FL 32114 320 FENTRESS BLVD DAYTONA BCH FL 32114						DO NOT WRITE IN THIS	C CDACE	
	ŧ					3. Date Incorporated or Qualifed	3 SFACE	
						05/17/1989		
2. Principal P	Place of Business	2a, Mailing Address				4, FEI Number	Ar	plied For
21 26						59-2951047	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	•	Additional
27						5, Certificate of Status Desired	Fee-Re	equired - "
City & Stat	City & State	ty & State			6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coul	ntry		8. This corporation owes the current year tr		□No
24	25		30			Personal Property Tax. 10. Name and Address of New Registered	X Yes	LINO
	9, Name and Address of Curren	it Registered Agent		81	Name	IV. Halle and Address of New Registered	- Agoin	
LABI	RET, STEVEN MICHAEL							
501 N.MAGNOLIA AVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
SUITE A				83				·
ORLANDO FL 32801								0.1.
				84	City	Fl	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered		signature required			
12.		ID DIRECTORS	1.1 171	16		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	DP DP		1.2 NA					
NAME	HENNESSY, PHILIPPE 320 FENTRESS BLVD				ADDRESS			,
STREET ADDRESS	DAYTONA BCH FL 32114			rectiv				
CITY-ST-ZIP	DVP	[] DELETE	2.1 TITLE		ZIF		☐ Change	☐ Addition
NAME	HENNESSY, SYLVIE		2.2 NAME					í
STREET ADDRESS					ADDRESS :			
CITY-ST-ZIP	•		2. 4 CI		į į			
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADORESS	-		3 3 ST	REET	ADDRESS			i
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET/	ADORESS			
CITY-ST-ZIP			4.4 CI	ry-st-	ZIP			
TITLE		☐ DELETE	5.1 TIT]		Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ SELETE	5.4 CIT 6.1 TIT		ZIP		☐ Change	Addition
MILE	PERMITE TRANS	☐ DELETE	6.1 111 6.2 NA				□ cliange	
NAME :	Start Start		0.2 NA					

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

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