COF • ANNL	E NOW: FILING FEE PROFIT RPORATION JAL REPORT 1996	FLORIDA DEP Sandr Secre	IS \$225.UU PARIMENT OF STATE a B. Mortham etary of State F CORPORATIONS		
1. Corporation	MENT # LO72 Name CO INVESTMENTS, INC.	70 (6)		t (181)(6)) 20 2011 (2012 )(201 201) 2011 2011 2011 2011 2011 2011 2	
	of Business YWOOD BLVD. DD FL 33020	Maiing Address 2206 HOLLYWOOD			
HOLENWOK		HOLLYWOOD FL 33	3020	3. Date Incorporated or Qualifed 3a. Date of Last Report 08/07/1989 04/12/1995	
2, Principal Pla 21] Suite, Apt. :	ace of Business	2a. Mailing Address 26		4. FE Number 65-02 18726 Applied For Not Applicable	
22 City & State		Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing       \$5.00 May Be	
23 Zip 24	Country 25	28 Zip 29	Country	Trust Fund Contribution     D     Added to Fees       8. This corporation has liability for intangible tax under s     199.032, Florida Statutes     Yes	
	9. Name and Address of Curre		81 Name	10. Name and Address of New Registered Agent	
MANEL 2206 H	la, hoss La, klapholz, & hochszte łollywood blvd wood FL 33020	N, P.A.	83	ress (P.O. Box Number is Not Acceptable)	
familiar with	o the provisions of Sections 607.050; ad agent, or both, in the State of Flor h, and accept the obligations of, Sec Strature, bread or printed her e of registreet days	tion 607.0505, Florida Statutes		FL     85     Zip Code       ration submits this statement for the purpose of changing its registered officient of directors. I hereby accept the appointment as registered agent. Lam	
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP			13.           1         1 THLE           1.2 NAME           1.3 STREET ADDRESS           1.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1   12E034 (12/95)
TITLE NAME STREET ADORESS CITY-ST-ZIP	TD SHUGAR, MAUREEN 3520 N. 30TH TERR HOLLYWOOD FL	DEL ETE	2 1 TILE 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY - ST - ZIE	Change Addition	CB
TITLE NAME STREET ADDRESS CITY - ST - Z/P	<u></u>		3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Change 🗌 Addition	
TITLE NAME SIREELADORESS CHTY-ST-ZIP		DELETE	3 4 CITY - S1 - ZIF 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - C1 - ZO	Change 🗋 Addition	-
TITLE NAME STREET ADDRESS CITY - ST- ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLF 5.2 NAME 5.3 STREET ADORESS 5.4 CITE CT. ZID	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST- ZIP		DELETE	54 CHY ST-ZIP 5 1 THLF 62 NAME 63 STREET ADDRESS 64 CHY+S1-ZIP	Change 📑 Addition	
<ol> <li>I do hereby certify that I oath; that I</li> </ol>	am an officer or director of the corpo Block 12 or Block 13 if damage or c	ration <u>or th</u> e receiver or trusted	ished and does not qualify to ual report is true and accurat c empowered to execute this ess.	or the exemption stated in Section 119.07(3)(k), Florida Statutes I further te and that my signature shall have the same legal effect as if made under report as required by Chapter 607, Florida Statutes; and that my name 2/20/96 $60396/-8153$	