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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT # L13044
1. Corporation Name
COCOMO'S OF TIERRA VERDE, INC.

Principal Place of Business
200 MADONNA BLVD.
ST. PETERSBURG FL 33715

3. Date Incorpolation Name
2. Principal Place of Business
20 MADONNA BLVD.
ST. PETERSBURG FL 33715

3. Date Incorpolation Name
24. Mailing Address
27 7005 Central Avenue
Suite, Apt #, etc.
28 City & State
City & State
City & State
City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				— I Padilder bar fibbe ffari borfi dibit d	
200 MADONNA BLVD. 200 MADONNA BLVD. ST. PETERSBURG FL 33715 ST. PETERSBURG FL 33715					
SI, PETENSBURG PE 33713		SI. FETENSBURG FE 33/19		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
]				09/01/1989	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 700	5 Central Avenue	7005 Cen	tral Avenue	e 59-2969142	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 St. I	Petersburg, FL	28 St. Peters	burg, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent vear Intangible
24 33710		29 33710 3	o USA	· · · · · · · · · · · · · · · · · · ·	K Yes □ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
AR	SENA ULT, KENNETH G., JR.		81 Name		
107	255 ULMERTON ROAD		82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
STE 2-A			or oneorydon	000 (F.O. DOX MURIDOR IS MOL MODERIZORS)	
	RGO FL 34641		83		
			04 00		
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed 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	Signature, typed or printed name of registered agent	and title if applicabit (NOTE F	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	S D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANNOVA, MICHAEL F.		1.2 NAME		
STREET ADDRESS	200 MADONNA BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2 1 TITLE		Change
NAME	MEDLEY, EDWARD		2.2 NAME		_ ,
STREET ADDRESS	200 MADONNA BLVD.			1300 45th Street South	,
CITY-ST-ZIP	TIERRA VERDE FL			St. Petersburg, FL	•
TITLE		DELFTE	3.1 TITLE	vo. rogersourg, ru	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP	•	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		T change T vegition
STREET ADORESS			4.2 NAME 4.3 STREET ADDRESS		
			1		
TITLE		☐ DELETE	4.4 CITY-ST-7IP 5.1 TITLE		☐ Change ☐ Addition
NAME					☐ Change ☐ Addition
			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP		Change D 449
		C) DECEIE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF TID					

14. Thereby 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 suppliemental 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 changes or on an attachment with an address.

CIONIATURE.

Edward Medley

4/22/98 (813)343-0631