

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

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**95 APR 27 PM 12:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # L71188**

**(1)**

1. Corporation Name  
**COJAN ENTERPRISES, INC.**

Principal Place of Business: **4040 COMMERCIAL WAY SUITE A SPRING HILL FL 34606**

Mailing Address: ~~4040 COMMERCIAL WAY SUITE A~~ **1377 Deltona Blvd. SPRING HILL FL 34606**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **05/08/1990**

3a. Date of Last Report: **05/23/1994**

4. FEI Number: **59-3021026**

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. 183.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**MOSS, C O  
4040 COMMERCIAL WAY  
STE. A  
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

**FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DPT</b>	NAME: <b>MOSS, C. O.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>4040 COMMERCIAL WAY, STE. A</b>	CITY-ST-ZIP: <b>SPRING HILL FL 34606</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: <b>SD</b>	NAME: <b>MOSS, JANECE J</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>4040 COMMERCIAL WAY, STE. A</b>	CITY-ST-ZIP: <b>SPRING HILL FL 34606</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 the attachment with an address.

SIGNATURE: **C.O. MOSS** x4/19/95 (904) 683-7886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR