

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morihani  
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 SPRING HILL FL 34606**

3. Date Incorporated or Qualified: **05/08/1990**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-3021026**  
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: **Cojan Enterprises, Inc.**  
2a. Mailing Address: **1377 Deltona Blvd.**  
22. Suite, Apt. #, etc.: **---**  
27. Suite, Apt. #, etc.: **---**  
23. City & State: **Spring Hill, FL**  
28. City & State: **---**  
24. Zip: **---** Country: **---**  
29. Zip: **---** 30. 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: **Moss, C.O.**  
82. Street Address (P.O. Box Number is Not Acceptable): **1377 Deltona Blvd**  
83. **Spring Hill**  
84. City: **Spring Hill**  
85. Zip Code: **FL 34606**

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 is required when reappointing) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MOSS, C. O	
STREET ADDRESS	4040 COMMERCIAL WAY, STE. A	
CITY - ST - ZIP	SPRING HILL FL 34606	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOSS, JANECE J	
STREET ADDRESS	4040 COMMERCIAL WAY, STE. A	
CITY - ST - ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOSS, C.O.	
1.3 STREET ADDRESS	1377 Deltona Blvd	
1.4 CITY - ST - ZIP	Spring Hill, FL 34606	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOSS, JANECE J.	
2.3 STREET ADDRESS	1377 Deltona Blvd.	
2.4 CITY - ST - ZIP	Spring Hill, FL 34606	
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	200001795602	
5.3 STREET ADDRESS	-04/26/96 --01019--042	
5.4 CITY - ST - ZIP	***600.00	
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 submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (7)(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 an attachment with an address.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature is required when reappointing) \_\_\_\_\_ DATE: **4/17/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ (Typed Name) **904-683-7886**

CR2E034 (12/95)