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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M33464

(2)

CUMMING-COCKBURN FLORIDA, INC.

FILED

May 02 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address							•1
2200 PARK CE POMPANO BEA	NTRAL BLVD., NORTH, SUITE 100 ICH FL 33064	2200 PARK CENTRAL BL POMPANO BEACH FL 33		SUITE 100			
					3. Date Incorporated or Qualified 06/09/1986	3a. Date of Last Report 05/01/1996	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied F	For	
21		26			59-2698448 Not Applicable		licable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
22		27		G. Commedia or Status Dearles	Fee Required	į	
City & State		City & State 28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees			
Zip	Country	Zφ	Country		8. This corporation has liability for i)32,
24	25	25 29 30 Name and Address of Current Registered Agent			Florida Statutes Yes No		
			81	I Nome	10. Name and Address of New Re	Jistered Agent	
INTRASTATE REGISTERED AGENT CORPORATION				Name			
	SOUTH CENTRAL AVE.		82	Street Add	Address (P.O. Box Number is Not Acceptable)		
LAKI	ELAND FL 33803						
			83	1			
			84	City	The second secon	85 Zip Code	
				<u> </u>		FL S Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was	authorized b	withe corpora	poration submits this statement for the p alion's board of directors. I hereby accep	urpose of changing its regis t the appointment as registe	atered ered
SIGNATURE	Signature, typed or printed name of registrated agent	Lano litic il applicable (NS	ITE - Barristorod Ac	on! signature regu	ilred when reinstating)	DATE	
12.	OFFICERS AND		13.	ter signature requ	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE				Addition
NAME	CUMMING, JAMES D		1.2 NAME			• • •	
STREET ADORESS	2200 PARK CENTRAL BLVD N		1.3 STREET ADDRESS		•		
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY - ST - ZIP				
TITLE	DV	DELETE	2.1 TITLE	<u> </u>		Change A	Addition
NAME	WOHLFARTH, RICHARD C.		2.2 NAME			_ ,	
STREET ADDRESS	2200 PARK CENTRAL BLVD N			T ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL		2. 4 CITY - ST - ZIP				
TITLE	DST	DELETE	3.1 TITLE			☐ Change ☐ A	Addition
NAME	MOHAMED, ISHMAEL S.		3.2 NAME			_ , _	
STREET ADDRESS	2200 PARK CENTRAL BLVD N			T ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL		34 CHY-		•		
TITLE	DP	DELETE	4.1 TILE	01 111		Change A	Addition
NAME	BRADLEY, LAWRENCE		4. 2 NAM			-	
STREET ADDRESS	2200 PARK CENTRAL BLVD N		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-				
TITLE		☐ DECETE	5.1 TITLE			☐ Change ☐ A	Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change ☐ A	Addition
NAME			6.2 NAMŁ				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 C(1)Y-S1-2IP				
14. I do herel	by certify that the information supplied	with this filing does not qua	lify for the ex	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
lamano	fficer or director of the cornoration or t	the receiver <u>or tru</u> stee empo	wered to exe	curate and that oute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	effect as if made under oat tatules; and that my name	ith, that
appears i	n Block 12 or Block 13 if changed, o	on an attachment vith an ac	ldress.	·	as N. Cumpaiga	24, 40 a see only 100 100	

James D. Cumning