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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M36803

(8)

FILED
May 04 1998 8:00am
Secretary of State

COUS	GINS DEVELOPMENT CO	RPORATION					IAN ANGU BIAN ANTO A	
Principal Pla	ice of Business	Mailing Addres	is			-{	I DIN TIMIN DIBIN DIBIN DI	AN BURN HADI
1	T DIXIE HWY	20700 WEST (NYIF HWY					
100		100				20.402.407.11		
NORTH MIAMI BHC FL 33180 NORTH MIAMI BHC FL 33180 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
US		US				1		
2. Principal	Place of Business	2a. Mailing Add	Irass			08/14/1986 4. FEI Number		pplied For
21		26				NOT APPLICABLE		lot Applicable
Suite, Apt	t. #, etc.	· ^	Suite, Apt. #, etc.			· 1	\$9.75 Additional	
22		27	27			5. Certificate of Status Desired	Fee F	Required
City & Sta	ate	City & State	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	├ 	Country 7ip Country			8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Co	[29] urrent Registered Agent	30	T		Personal Property Tax due June 30 10. Name and Address of New Regis		No
a	OLDMAN, DAVID E			81	Name			
	0700 WEST DIXIE HWY, SUIT	'E 100		82		ess (P.O. Box Number is Not Acceptable)		
	IORTH MIAMI BCH FL 33180	L 100		62	Street Addre	ess (P.O. Box Number is not Acceptable)	l	
	, J. ()			83				
•				84	City		ne Zio	Code
				**	City		FL 85 Zip	Code
11. Pursuan	nt to the provisions of Sections 607	7.0502 and 607,1508, Flor	ida Statutos, the a	bove	e-named corpo	oration submits this statement for the purpon's board of directors. I hereby accept the	oose of changing	its registered
agent. I	am familiar with, and accept the	obligations of, Section 607	nge was authorize 7.0505, Florida Sta	itutes	ine corporauc i.	on's board or directors. Thereby accept to	ne appointment a	s regisiered
SIGNATURE	·							
40	Signature, typed or printed name of register			ed Ager	nt signature require		DATE	DO IN 10
12.	PD	S AND DIRECTORS	13. DELETE 1.1 T	ITLE		ADDITIONS/CHANGES TO OFFICER	Change	
NAME	GOLDMAN, GARY B.		1.2 N				E onango	
STREET ADDRESS	4445 445 444 444				ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BCH FL			ITY-SI	· ·			
TITLE	STD		DELETE 2.1 TI		, [
NAME	GOLDMAN, DAVID E.		22 N		1		☐ Change	Addition
STREET ADDRESS				IAME			☐ Change	Addition
CITY-ST-ZIP	NORTH MIAMI FL				ADDRESS		☐ Change	Addition
TITLE	MALLILL IIII I I I E		2.3 S 2. 4 C				☐ Change	Addition
NAME	HOWAIT III		2.3 \$	TAEET . CITY-S			☐ Change	Addition
	HOMAT MARKET		2.3 S 2.4 C	TREET . CITY-S ITLE				
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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 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 trusted 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 attachnical with an address