**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # M36803**

COUSINS DEVELOPMENT CORPORATION			
Principal Place of Business Mailing Address		+ INE FORTH TORREST FOR FRENCH THE OTHER THE OTHER	GIBIL CIBIL BIBIL BIBIL BIBIL HODI
20700 WEST DIXIE HWY 20700 WEST DIXIE HWY			
100 100			
NORTH MIAMI BHC FL 33180 NORTH MIAMI BHC FL 33180		DO NOT WRITE IN THI	S SPACE
US US		3. Date incorporated or Qualifed	
		08/14/1986	
Principal Place of Business     2a. Mailing Address		4. FEI Number	Applied For
21 26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27		5. Certificate of Citation Doubleco	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year la	
24 25 29 30		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	d Agent
***************************************	81 Name	·	
GOLDMAN, DAVID E	82 Street Add	fress (P.O. Box Number is Not Acceptable)	
20700 WEST DIXIE HWY, SUITE 100	62 Street Add	iress (P.O. Box Number is Not Acceptable)	
NORTH MIAMI BCH FL 33180	83		
·		·	
	84 City	Fi	85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE	rized by the corporati	A SAME AND	ointment as registered
office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	nized by the corporation Statutes.  Statutes.	red when reinstating)  DATE	binithent as registered
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14. I hereby 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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

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