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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M73123

1. Corporation Name

COVER-UP KITCHENWARE, INC.

Principal Place of Business Mailing Address							940 1111 010 11 0 1		14 4 () 010)(1011
C/O THOMAS A. RAISHE 1 C/O THOMAS A. RAISHE									
18235 JUPITER LANDINGS DRIVE 18235 JUPITER LANDINGS DRIVE			IVE			DO NOT WR	TE IN THIS	CDACE	
JUPITER FL 33458 JUPITER FL 33458						3. Date Incorporated or Qualifed	TE IN THIS	SPACE	
	•								
						03/16/1988 4. FEI Number		Δ.	plied For
2. Principal Place of Business 2a. Mailing Address						65-0105903			ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						05-0105905		\$8.75	
						Certificate of Status Desired		Fee Re	
22			-			6. Election Campaign Financing		\$5.00	May Re
23 28						Trust Fund Contribution		Added t	, ,
Zip Country Zip			Country			8. This corporation owes the curr	ent year Inta	ngible	
24	25	29 30				Personal Property Tax.	•	∐Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New I	Registered /	\gent_	
				N	Name				
RAISHE, THOMAS A.			82	-5	Street Addres	s (P.O. Box Number is Not Accept	able)		
18235 JUPITER LANDINGS DRIVE				L					
JUPITER FL 33458			83						
		•	84	C	City		FL	85 Zip (Code
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									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.									gistered
SIGNATURE									
				nt sig	gnature required w	ADDITIONS/CHANGES TO OF	DATE	DIRECTO	DRS IN 12
12.		DELETE	13.			ADDITIONS/CHANGES TO OF	FICENS AIT	Change	Addition
TITLE	PM	El Decere			ļ				
, NAME	RAISHE, THOMAS A		12 NAME	T . D.					ļ
STREET ADDRESS	10235 JUPITER LNDS DR		1.3 STREET						
CITY-ST-ZIP				T-ZI	<u> </u>	-		Change	Addition
TITLE						•		C onsigo	
NAME	RAISHE, THOMAS DAVID		2.2 NAME						
STREET ADDRESS	10235 JUPITER LNDS DR	·	2.3 STREET						
CITY-ST-ZIP	JUPITER FL 2.4C			3T- ZI	<u></u>	· · · · · · - · · · · · · · · · · · · ·		Change	Addition
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NAME			3.3 STREET	TAD	NDDESC				
STREET ADDRESS			3.4. CITY-S						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-21	<u> </u>	Name .		Change	Addition
NAME		_	4. 2 NAME						1
STREET ADDRESS			4.3 STREET)DRESS				ļ
!		ļ	4.4 CITY-S						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	الع - ر	"			Change	☐ Addition
NAME		·-	5.2 NAME					- -	
STREET ADDRESS			5.3 STREET	T AD	DORESS				
CITY-ST-ZIP			5.4 CITY-S	iT-ZI	JP				
GIT-31-ZF			6.1 TITLE			.0.040	- 41	Change	Addition
,		-			i				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

