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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M74488 (1)

1. Corporation Name
COSTA HOLDING COMPANY

Principal Place of Business
7783 NW 44TH ST.
SUNRISE FL 33351

Mailing Address
7783 NW 44TH ST.
SUNRISE FL 33351-6203



3. Date Incorporated or Qualified 03/30/1988
3a. Date of Last Report 04/23/1996

4. FEI Number 65-0047972
Applied For Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORN, GEORGE
1057 POPLAR CIRCLE
FT. LAUDERDALE FL 33326

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS HORN, GEORGE
CITY-ST-ZIP 1057 POPLAR CIRCLE
FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS COHEN, SHELIA
CITY-ST-ZIP 1003 PINE BRANCH DR.
FT. LAUDERDALE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME COHEN, SHELIA
2.3 STREET ADDRESS 7783 NW 44 STREET
2.4 CITY-ST-ZIP SUNRISE, FL. 33351

TITLE ☐ DELETE
NAME D
STREET ADDRESS SILVERSTEIN, HELENE
CITY-ST-ZIP 1012 PINE BRANCH CT
FT. LAUDERDALE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SILVERSTEIN, HELENE
3.3 STREET ADDRESS 7783 NW 44 STREET
3.4 CITY-ST-ZIP SUNRISE, FL. 33351

TITLE ☐ DELETE
NAME D
STREET ADDRESS SLAKMAN, BARBARA
CITY-ST-ZIP 345 ALEXANDER CIRCLE
FT. LAUDERDALE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SLAKMAN, BARBARA
4.3 STREET ADDRESS 7783 NW 44 STREET
4.4 CITY-ST-ZIP SUNRISE, FL. 33351

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97

954-749-4368

Date

Daytime Phone #

CR2E034 (9/96)