

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M80918

(9)

1. Corporation Name

COVENTRY PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5697 BOCA CHICA LN. 5697 BOCA CHICA LN.
C/O DON WILLIAM SEGUI, P.O.B. 3451 C/O DON WILLIAM SEGUI, P.O.B. 3451
BOCA RATON FL 33433-7260 BOCA RATON FL 33433-7260

3. Date Incorporated or Qualified 05/11/1988 3a. Date of Last Report 01/28/1994
4. FEI Number 65-0054699 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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SEGUI, DON WILLIAM
5697 BOCA CHICA LANE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

Don William Segui

3-25-95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	11 TITLE		11 TITLE		☐ Change	☐ Addition
NAME	SEGUI, DON W.	12 NAME		12 NAME			
STREET ADDRESS	5697 BOCA CHICA LN.	13 STREET ADDRESS		13 STREET ADDRESS			
CITY, ST, ZIP	BOCA RATON FL	14 CITY, ST, ZIP		14 CITY, ST, ZIP			
TITLE		21 TITLE		21 TITLE		☐ Change	☐ Addition
NAME		22 NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS			
CITY, ST, ZIP		24 CITY, ST, ZIP		24 CITY, ST, ZIP			
TITLE		31 TITLE		31 TITLE		☐ Change	☐ Addition
NAME		32 NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS			
CITY, ST, ZIP		34 CITY, ST, ZIP		34 CITY, ST, ZIP			
TITLE		41 TITLE		41 TITLE		☐ Change	☐ Addition
NAME		42 NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS			
CITY, ST, ZIP		44 CITY, ST, ZIP		44 CITY, ST, ZIP			
TITLE		51 TITLE		51 TITLE		☐ Change	☐ Addition
NAME		52 NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS			
CITY, ST, ZIP		54 CITY, ST, ZIP		54 CITY, ST, ZIP			
TITLE		61 TITLE		61 TITLE		☐ Change	☐ Addition
NAME		62 NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS			
CITY, ST, ZIP		64 CITY, ST, ZIP		64 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct 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:

Don William Segui

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-25-95

368-7624