

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEP
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE

30, 1998.
(\$6.25)

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # N96000003029 (3)

1. Corporation Name

COCO WOOD CABLE, INC.



Principal Place of Business

Mailing Address

14926 SANDPEBBLE LN
DELRAY BEACH FL 33484

14926 SANDPEBBLE LN
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ROSEBERG, HAROLD
14926 SANDPEBBLE LN
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE DP ☐ DELETE

NAME ROSENBERG, HAROLD

STREET ADDRESS 14926 SANDPEBBLE LN

CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE DST ☐ DELETE

NAME WESTERMAN, LEONARD

STREET ADDRESS 14926 SANDPEBBLE LN

CITY-ST-ZIP DELRAY BEACH FL 33484

NAME SUMMERFIELD, POWELL ☒ DELETE

STREET ADDRESS 14926 SANDPEBBLE LN

CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ARBIT ETHEL D.V. ☐ DELETE

NAME 6363 SAGEWOOD WAY

STREET ADDRESS DELRAY BEACH FL 33484

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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 617, 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

Date

Daytime Phone #

CR2E037 (5/98)