## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN FOR STATE

Sandra B. <u>Hortham</u>

Secretary of State DIVISION OF CORPORATIONS

## 1998 N97000004898 (9) POCUMENT #

BIG COJONES CORP. Principal Place of Business Mailing Address 2375 W. OKEECHOBEE RD 2375 W. OKEECHOBEE RD. 3. Date Incorporated or Qualified 08/28/1997 HIALEAH FL 33010 HIALEAH FL 33010 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Yuma 21 Sitzme 26 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROMERO, ELOY Street Address (P.O. Box Number is Not Acceptable) 2375 W. OKEECHOBEE RD. 83 **APT 28** HIALEAH FL 33010 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE T(T) F 1.1 TITLE Change NAME 1.2 NAME Keerhosee Rous KEECHOBEE KOUD STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 23010 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE MALE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$T-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZiP 5.4 CITY - ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is the annual report or supplemental annual report is the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation of the reserver of truste Block 12 or Block 13 if changed, or on an attachment with

**63 STREET ADDRESS** 

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR

Daytime Phone \* 0022588

**FILED** 

Jun 04 1998 8:00am

Secretary of State