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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 FEB 18 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **P40096**

(0)

1. Corporation Name

CUMBERLAND COVE, INC.

Principal Place of Business

**2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133-5461**

Mailing Address

**2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133-5461**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

2601 S. Bayshore Drive

Suite, Apt. #, etc.

27

Legal Dept., Suite 900

City & State

28

Miami, Florida

29

33133

30

Country

3. Date Incorporated or Qualified

08/18/1992

4. FEI Number

59-1420809

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be
Added to Fees**

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

**GOLDMAN, JOEL K
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133-5461**

10. Name and Address of New Registered Agent

81 Name

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

83

100002436801

-02/20/98--01103--013

84 City

******158.75 FL ****158.75**

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

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **GOLDMAN, JOEL K.**
CITY-ST-ZIP **2601 S. BAYSHORE DRIVE**
MIAMI FL

TITLE ☐ DELETE
NAME **VAS**
STREET ADDRESS **LANGLEY, MARCIA H.**
CITY-ST-ZIP **2601 S. BAYSHORE DRIVE**
MIAMI FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **JEFFREY, THOMAS W.**
CITY-ST-ZIP **2601 S. BAYSHORE DRIVE**
MIAMI FL

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **FISCHER, JOHN H.**
CITY-ST-ZIP **2601 S. BAYSHORE DRIVE**
MIAMI FL

TITLE ☒ DELETE
NAME **DP**
STREET ADDRESS **FERTIG, JAY C.**
CITY-ST-ZIP **2601 S. BAYSHORE DRIVE**
MIAMI FL 33133

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **MACNAIR, CHRISTOPHER J.**
CITY-ST-ZIP **2601 S BAYSHORE DR**
MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VCASD**
1.3 STREET ADDRESS **Cook, Paula**
1.4 CITY-ST-ZIP **2601 S. Bayshore Drive**
Miami, Florida 33133

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PD**
2.3 STREET ADDRESS **Jeffrey, Thomas W.**
2.4 CITY-ST-ZIP **2601 S. Bayshore Drive**
Miami, Florida 33133

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Laguardia, John**
3.3 STREET ADDRESS **2601 S. Bayshore Drive**
3.4 CITY-ST-ZIP **Miami, Florida 33133**

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 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:

Joel K. Goldman

2-13-98

305 859-4000

CR2E034 (10/97)