FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200004007 (0)

COWEYES & CRICKETLEGS, INC.							
Principal Place of Business 10 MERIDIAN AVE KEY LARGO FL 33037		Mailing Address 10 MERIDIAN AVE KEY LARGO FL 33037-2017	-		T TORRITORY INC PORTO TURIS ORGA ORDA COUNT	2014	1 1991 1991
					3. Date Incorporated or Qualified 11/12/1992	3a. Date of Last F 05/01/1996	Report
	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 26			·		65-0371300	Not Applicable	
Suite Apt.:	#, etc.	Suite, Apt. #, etc.	"		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	?	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip	Cour 30	lry	8. This corporation has liability for		
241	9, Name and Address of Curre		30		10. Name and Address of New Re		
IFO	POLD, NORMAN			Name			
20801 BISCAYNE BLVD			Ī	32 Street Add	ress (P.O. Box Number is Not Acceptab	vie)	
	'E 501 TH MIAMI BEACH FL 33180		-	33	,		
			i ji	34 City		85 Zip	Code
11 Pursuant t	to the provisions of Sections 607 05	02 and 607 1508. Florida Statute	e the ah	we-named cor	poration submits this statement for the p	FL 65 210	its registered
office or re agent. La	egistered agent, or both, in the Stal m familiar with, and accept the obli	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized orida Statu	by the corpora tes.	tion's board of directors. I hereby acces	of the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered a	give and tile if applicable (NOTE	Registered	Agent signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12
THTLE	DPST	☐ DELETE	1.1 T(T)	E		☐ Change	Addition
NAME:	SIKIRICA, PATRICIA A		1.2 NA	ME .	•		
STREET ADDRESS	10 MERIDIAN AVE			eet address			
Criy-St-7/P Title	KEY LARGO FL	DELETE	1.4 Cit	(-ST-ZIP		Change	Addition
NAME		רון טנונונ	2.2 NAM	1		E.J Change	La Addition
STREET ADDRESS			I.	EET ADDRESS			
CHY-SI-ZIP				Y-ST-ZIP			
Tilli		DELETE	3.1 TITL		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			3.2 NAM	IE			
STREET ADDRESS		•	3.3 STR	EET ADDRESS			
COLY - ST - 21P				Y - ST - ZIP			—
TITLE	•	☐ DELETE	4.1 TITL			Change	Addition
NAME Objects are options			4.2 NA	- 1			
STREET ADDRESS				EET ADDRESS (-ST-ZIP			
GITY - ST - ZIF TITLE		DELETE	4.4 C(1)			Change	Addition
NAM:			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CHT+S'+ZP			5.4 CITY	r-ST-ZIP			
THILE		☐ DELETE	6.1 TITL	£		Change	Addition
NAME			6.2 NAN	1E			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CHY-SF-ZiP	as earlie, that the independence	od with this files does not a ref		/-ST-ZIP	d in Contine 150 07/9/0 Fig. 44 04-14-	n I further news.	t the
information Lam an of	n indicated on this annual report or	supplemental annual report is to or the receiver or trustee empow	rue and ac ered to ex	curate and that ecute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega or as required by Chapter 607, Florida S	al effect as if made un	nder oath; that
		\boldsymbol{n}	• •	Q(I)			

SIGNATURE: SIL SIES, PATRICIA SIKINIC

4-27-91 305-852-550

FILED

May 02 1997 8:00am

Secretary of State

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