

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P92000011644**

1. Corporation Name  
**CINCO GRANDE, INC.**

Principal Place of Business

226 WEST ALFRED STREET  
TAVARES FL 32778

Mailing Address

352 CROMPTON STREET  
CHARLOTTE NC 28273  
US

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90077 012 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/11/1992**

4. FEI Number

**59-3158198**

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 **2100 SE 17th ST.**

Suite, Apt. #, etc.

22 **SUITE 300**

City & State

23 **OCALA, FL**

Zip

24 **32671**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MCKEEVER, JOHN P  
2100 SE 17TH ST  
SUITE 300  
OCALA FL 32671

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 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 PS ☐ DELETE  
NAME BRUCH, DUANE H  
STREET ADDRESS 352 CROMPTON STREET  
CITY-ST-ZIP CHARLOTTE NC 28273

TITLE VT ☐ DELETE  
NAME GOLDBERG, MAXWELL  
STREET ADDRESS 314-D MIRO DRIVE SOUTH  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE V ☐ DELETE  
NAME MUGENAST, DAVE  
STREET ADDRESS 5939 SOUTH LINDBERGH BOULEVARD  
CITY-ST-ZIP ST LOUIS MO 63123

TITLE V ☐ DELETE  
NAME VAUGHAN, ROGER  
STREET ADDRESS 5101 S NICHOLS ST  
CITY-ST-ZIP TAMPA FL 33611

TITLE V ☐ DELETE  
NAME SCHWARTZ, SAM  
STREET ADDRESS 130 WOODMERE BLVD., SOUTH  
CITY-ST-ZIP WOODMERE NY 11598

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 **VT**  
2.3 STREET ADDRESS **GOLDBERG, MAXWELL**  
2.4 CITY-ST-ZIP **2880 LA BATEAU DRIVE**  
**PALM BEACH GARDENS, FL 33410**

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)