

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 23 PM 3:19

DOCUMENT # P93000034920 (7)

1. Corporation Name

COCOA INVESTMENTS OF BREVARD COUNTY, INC.

Principal Place of Business

2725 W KING ST  
COCOA FL 32722  
US

Mailing Address

2725 W KING ST  
COCOA FL 32722  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

04/19/1994

4. FBI Number

59-3189080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

Zip

32926

Country

25

28. City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, JESSE E  
369 NORTH NEW YORK AVE.  
THIRD FLOOR  
WINTER PARK FL 32790

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 reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DRINKENBURG-WALD, JOHANNA  
STREET ADDRESS 2725 W KING ST  
CITY, ST, ZIP COCOA FL 32722

TITLE VSTD  
NAME MARANGES, RAYMOND  
STREET ADDRESS 2725 W. KING ST  
CITY, ST, ZIP COCOA FL 32722

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P V T S  
12 NAME Drinkenburg-Wald Johanna  
13 STREET ADDRESS  
14 CITY, ST, ZIP

21 TITLE  
22 NAME NONE  
23 STREET ADDRESS  
24 CITY, ST, ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. If an individual agent with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95 (407) 636-1111