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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Jun 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P93000050995 (8)

DOCUMENT # 1. Corporation Name COVETAL AND CONNECTORS EVODESS INCORPORATED

| Unio | | EAPHESS INCOP | IPONATED | | | | |
|---|---|---|---------------------------|---|---|--|--|
| Principal Plac | ce of Business | Mailing Addr | 088 | | | ı sanılatı ile inide isili natit dülli getir enini disis dülli | sand iarat fist ifft. |
| 8767 N. WIC | KHAM RD. | C/O JSN | | | | | |
| STE. #400 MELBOURNE FL 32940 | | | P.O. BOX 1073 | | | DO NOT WRITE IN THIS SPACE | re . |
| WETROOMME LT 25340 | | | HIGHTSTOWN NJ 08520 US | | | Date Incorporated or Qualified | |
| | | 00 | | | | 07/12/1993 | |
| 2. Principal F | Place of Business | 2a. Mading A | ddress | | | 4. FEt Number | Applied For |
| 21 | | 26 | | | | 59-3190598 | Not Applicable |
| Suite, Apt. | W. etc. | Suite, Apt | #, etc | | | _ C | 8.75 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | te | Crty & Sta | te | | | 6. Election Campaign Financing | 5.00 May Be |
| 23 | | 28 | | | | | Added to Fees |
| Zip | Country | Zip | Zip Country | | | 8. This corporation owes or has paid the current | year Intangible |
| 24 | 25 | 29 | 30 | <u>)</u> | | Personal Property Tax due June 30. | |
| | 9. Name and Address of Cure | rent Registered Agei | nt | | | 10. Name and Address of New Registered Ager | ot |
| FA | ARLEY, EDWARD J | | | 81 | Name | | |
| 67 | 67 N. WICKHAM RD. | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | |
| STE. #400 | | | | | | , | |
| M | ELBOURNE FL 32940 | | | 83 | | | |
| | | | | 84 | City | 85 | Zip Code |
| • | | | | | Only | FL ° | Lip obde |
| office or | registered agent, or both, in the Str | ate of Florida. Such of | nango was auth | horized by | the corp | corporation submits this statement for the purpose of cha poration's board of directors. I hereby accept the appointm | nging its registered nent as registered |
| agent. I a | am fa miliar with, and accept the ob | digations of Section 6 | 07. 0 505, Florid | la Statutes | i. | | |
| SIGNATURE | Signature Typed or printers name of registerers | modest source by advantage about | /N/ iTi D | Inglet word April | ni eiguature | e regured when reinstating) DATE | |
| 12. | | AND DIRECTORS | (NOTE R | 13. | ni signature | ADDITIONS/CHANGES TO OFFICERS AND DIR | ECTORS IN 12 |
| TITLE | P | | DELETE | 1.1 TITLE | | | hange Addition |
| NAME | NOLAN, SUSAN | | | 1.2 NAME | | Ahlan, Susan | · _ |
| STREET ADDRESS | 1626 ROUTE 130 | | | 1.3 STREET | ADDRESS | Molan, Susan 505 Thornall St. | |
| CITY-ST-ZIP | NORTH BRUNSWICK NJ 0 | 8902 | | 1.4 CHTY - S | | Edison, NJ 08837 | |
| TITLE | | the state of the second section of the second | DELETE | 2.1 TOLE | | 000000 | Change Addition |
| NAME |] | | | 2.2 NAME | | | |
| STREET ADDRESS | [| | | 23 STREET | ADDRESS I | | |
| CITY-ST-ZIP |) | | | 2 4 CITY - S | |) | |
| TITLE | | | | | | | |
| NAME | | L | DELETE | 3 1 117LE | 0 - ZIP | | Change Addition |
| STREET ADDRESS | | L | DELĒTE | | 1-41 | | Change Addition |
| | | LJ | DELETE | 31 TITLE | | | Change Addition |
| UII 1-21-21P | | LJ | DELETE | 31 TITLE 32 NAME | address | | Change Addition |
| CITY-ST-ZIP TITLE | | | DELETE | 31 TITLE 32 NAME 33 STREET | address | | Change Addition |
| | | | | 31 TITLE 32 NAME 33 STREET 3.4. CITY-9 | address | | · . |
| TITLE | | | | 31 TITLE 32 NAME 33 STREET 3.4. CITY - 9 4.1 TITLE | ADDRESS 1-ZIP | | · . |
| TIFLE NAME STREET ADDRESS | | | | 3 1 TITLE 3 2 NAME 3 3 STREFT 3.4. CITY - 9 4.1 TITLE 4. 2 NAME | ADDRESS 1- ZIP ADDRESS | | · . |
| TIFLE NAME | | | | 3 1 TITLE 3 2 NAME 3 3 STREFT 3 4 CITY - 5 4.1 TITLE 4.2 NAME 4.3 STREFT | ADDRESS 1- ZIP ADDRESS | | · . |
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14. I hereby certify that the information supplied with this filing coes 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 suppliemental 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 13 if changed, or on an attachment with an address.