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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000057687 (4)**

1. Corporation Name
COZY HOMES, INC.

Principal Place of Business
13753 E. LINDEN DR. ADDRESS CHANGE
C
SPRING HILL FL 34609
US

Mailing Address
13753 E. LINDEN DR. 13759 LINDEN DR,
C
SPRING HILL FL 34609-5023 NO SUITE NUMBER
US

2. Principal Place of Business
21 13759 Linden Drive
Suite, Apt. #, etc.
22
City & State
23 Spring Hill, Florida
Zip 24 34609 Country 25 US

2a. Mailing Address
26 13759 Linden Drive
Suite, Apt. #, etc.
27
City & State
28 Spring Hill, Florida
Zip 29 34609 Country 30 US

3. Date Incorporated or Qualified: 08/17/1993
3a. Date of Last Report: 05/29/1996
4. FEI Number: 59-3201214 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SZAFRAN, DANIEL A
13753 E. LINDEN DR.
SUITE C
SPRING HILL FL 34609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 13759 Linden Drive
83
84 City Spring Hill FL 85 Zip Code 34609

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SZAFRAN, DANIEL A		1.2 NAME		
STREET ADDRESS	10070 CASEY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1.4 CITY-ST-ZIP		
TITLE	DPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SZAFRAN, PENNY P		2.2 NAME		
STREET ADDRESS	10070 CASEY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Penny P. Szafran 3-20-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #