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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000058180 (9)

1. Corporation Name
COVE INSURANCE, INC.

Principal Place of Business

1201 US HWY ONE
SUITE 305
N PALM BEACH FL 33408

Mailing Address

1201 US HWY ONE
SUITE 305
N PALM BEACH FL 33408-3548



3. Date Incorporated or Qualified
08/16/1993

3a. Date of Last Report
07/29/1996

4. FEI Number
65-0530068

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

2. Principal Place of Business
21 701 NORTH POINT PKWY

Suite, Apt. #, etc.
22 300

City & State
23 WEST PALM BEACH FL

Zip
24 33407

Country
25 Palm Beach

2a. Mailing Address
26 701 NORTHPOINT PKWY

Suite, Apt. #, etc.
27 300

City & State
28 WEST PALM BEACH

Zip
29 33407

Country
30 Palm Beach

9. Name and Address of Current Registered Agent

HIGGINS, CHARLES D
1201 U.S. HWY ONE STE 205
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
701 NORTH POINT PKWY

83 # 300

84 City
WEST PALM BEACH

FL

85 Zip Code
33407

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 ☐ DELETE

NAME
PST
HIGGINS, CHARLES R
STREET ADDRESS
1201 US HWY ONE SUITE 305
CITY-ST-ZIP
NORTH PALM BEACH FL 33408

TITLE ☐ DELETE

NAME
D
HIGGINS, CHARLES R
STREET ADDRESS
1201 US HWY ONE SUITE 305
CITY-ST-ZIP
NORTH PALM BEACH FL 33408

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
701 Northpoint Pkwy #300
WEST PALM BEACH FL 33407

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
701 Northpoint Pkwy #300
WEST PALM BEACH FL 33407

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 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 given in attachment with an address.

SIGNATURE:

Charles R. Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Higgins

Date

3-31-97 (56) 616-4580

Daytime Phone #

0301406

CR2E034 (9/96)