## 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 # P9300063466

1. Corporation Name

COHAD	DE REALTY, INC.						f countries and select each actual facts during	ı Oşlok əliki ololo enisk Ol	(21 4 <b>0 B</b> )
Principal Plac	ce of Business	Mailing Ad	ddress			1	3 INDPINUS IIM LAIMO HIIII MOHE ABIEL OBSIL ANIEL	i arramî isirîs dirata dinim di	(2)   <b>00</b> ]
4121 NW 9 AVE 4121 NW 9 AVE								• •	
UNIT 1					)				
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064							DO NOT WRITE IN THIS	SPACE	
						3.	Date Incorporated or Qualifed 09/13/1993		
2. Principal F	Place of Business	2a, Mailing	Address	•		4.	FEI Number	Applied F	For
21		26					65-0440293	Not Appli	
Suite, Apt	t. #, etc.	Suite,	Apt. #, etc.			1_	Continue of Chance Province	\$8.75 Addition	nal .
22		27				5.	Certificate of Status Desired	Fee Required	1 .
City_& Sta	ate	City &	State			. 6.	Election Campaign Financing	\$5.00 May B	3e
23		28				Ц.	Trust Fund Contribution	Added to Fees	s
Zin	Country	Zip	_	_ Count	ry	8.	This corporation owes the current year In		
24	25	29		10			Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	t Registered A		8	1 Name	10.	Name and Address of New Registered	Agent	<u></u>
COL	HADE, JEAN	S <sub>14.</sub> 1, 3 "	ę a	°	Name				
412	1 NW 9TH AVE			8	2 Street Addre	ss (P	O. Box Number is Not Acceptable)		_
UNI				ļ.				1 1 3 3	
	MPANO BEACH FL 33064			8	3			1 数3.7 2 X 数量	7
. •.	,			8	4 City			85 Zip Code	<del></del>
44-7-22-6-2	<u></u>	4 30 423					FL	<u> </u>	
11., Pursuant office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o	2 and 607.1508 of Florida. Such	i, Florida Statutes i change was autl	, the abo horized b	ve-named corpo v the corporatior	ration n's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appoint	changing its register ntment as registere	ered d
agent I a	am familiar with, and accept the obligat	ions of, Section	1 607 0505, Florid	ia Statute	is.		pard of directors. I hereby accept the appoint	J	
SIGNATURE									_
12.	Signature, typed or printed name of registered agent OFFICERS ANI	···		13.	ent signature required		einstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTORS IN	12
TITLE	PTS	0	DELETE	1.1 TITLE			ADDITIONS CHANGES TO OFFICERS AF		Addition
NAME	COHADE, JEAN			1.2 NAME			•	_ , _	
STREET ADDRESS	A404 NIM OTH AVE LINE 4				ET ADDRESS				)
CITY-ST-ZIP	POMPANO BCH FL	•		1.4 CITY-					
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NAME;				3.2 NAME	.				
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	3	nder Im		4. 2 NAM			• • • • • • • • •	⊡ Change 🌝 🖸 A	
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		i# 11	· . :	4. 2 NAM 4.3 STRE 4.4 CITY-	ET ADDRESS ST-ZIP				Addition
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14. I hereby certify that the information supplied with this filing does not dealindicated on this annual report or supplemental annual report is true and, officer or director of the corporation or the receiver or fusco empoyeded Block 12 or Block 13 if changed, or on an attention with an address, with the corporation or the receiver or fusco empoyed by the corporation or the receiver of fusco empoyed by the corporation of the receiver of the corporation or the receiver of the corporation of the cor the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90030 023 \*\*\*150.00

CR2E034 (11/98)