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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000001590 (6) **DOCUMENT #** J. T. COTTRELL INC. Principal Place of Business Mailing Address 2000 GLADES RD 2000 GLADES RD SUITE 400 SUITE 400 **BOCA RATON FL 33431 BOCA RATON FL 33431** 3a, Date of Last Report 3. Date Incorporated or Qualified 01/07/1994 04/11/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0481781 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No No Country Country Zip 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HRAWG CORP Street Address (P.O. Box Number is Not Acceptable) 82 2000 GLADES RD 83 SUITE 400. **BOCA RATON FL 33431** Zip Code City 85 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 ruinstating) Signature, typed or printed name of registered agent and title it epplicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TATLE GIURLANDA, PETER NAME 2000 GLADES RD. SUITE 400 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY - \$1 - 7IP CiTY-ST-ZiF Change [Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 3. 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CHTY-ST-ZIP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST- ZIP **7000017**536**5**9** -04/25/96--01009--014 ☐ Addition ☐ DELETE 4. 1 TITLE TITLE 4.2 NAME NAME. ***200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition DELETE 5 17016 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 DITY-ST-ZIP CITY-ST-ZIP ☐ Change □ DELETE 6 1 TITLE

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 119.07(3)(k). Florida Statutes. I further certify that the information in brighted on this annual report or suppliermental 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 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 Bit

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

Ciurl'anda,

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Daytime Phone #