PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000004297**1. Corporation Name

COUSINS MICA INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90017 023 ***150.00



N. C. Address							
Principal Place of Business Mailing Address							
1781 NW 38TH AVE. LAUDERHILL FL 33311			1781 NW 38TH AVE. LAUDERHILL FL 33311				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							01/19/1994
0. 14.2							4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				
21			Suite Apt # etc				65-0463811 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22			7 City & State				A- A-
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23			Zip Country				110011011011011011011011011011011011011
Zip	Country	<u> </u>	Zip I				8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	29	etered Ament	30	$\overline{}$		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Kegi	stered Agent		81	Name	to. Name and Address of New Registered Agent
FRANCO, BEKI					Ľ.		
6611 RAQUET CLUB DR.			82			Street Addr	ress (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33319					83		
,	31002110112212 00010		•		03		
					84	City	FL 85 Zip Code
44 Durant to the equivience of Sections 607 0502 and 607 1508 Florida Statutes, the above parent congration 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				Ager	nt signature require	d when reinstating) DATE DATE
12.	OFFICERS AND DIRECTORS		13.	···		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP		☐ DELETE	1.1 T			
NAME			1.2 N	AME			
STREET ADDRESS	1			1.3 STREET ADDRESS		TADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319			1.4 CITY-		T-ZIP	☐ Change ☐ Addition
πιε	D		☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition
NAME .	Mordehay, eli	=		ame			
STREET ADDRESS	3563 INVERRARY BLVD W		2.3 S	TREE	TADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		2. 4 CITY- ST-ZIP		ST-ZIP		
JIILE	☐ DELETE 3.		3.1 T	3.1 TITLE		☐ Change ☐ Addition	
NAME	3.		3.2 N	AME			
STREET ADDRESS	DRESS		3.3 S	3.3 STREET ADDRESS		• •	
CITY-ST-ZIP				3.4. (my-s	ST-ZIP	
TITLE			☐ DELETE	4.1 T	ITLE		Change Addition
NAME				4.21	AME		
STREET ADDRESS				4.3 S	TREE	TADORESS	
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP	
TITLE			☐ DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME				5.2 N	AME		·
STREET ADDRESS	•			5.3 S	TREE	TADDRESS	
CITY-ST-ZIP			•	5.4 C	ITY-S	T-ZIP	
TITLE			☐ DELETE	6.1 T	ITLE	1-"-	Change Addition
NAME				6.2 N	AME		
				6.3 \$	TREE"	TADDRESS	
STREET ADDRESS				1			

14. I 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/9

954-486-7000