FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000005969 (8)

FILED Jan 30 1998 8:00am Secretary of State

COZI	NOMES REALIT, INC.						
Principal Plac	ce of Business	Mailing Address					
13759 LINDEN DR 13759 LINDEN SPRING HILL FL 34609 SPRING HILL F			1609				
US US						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 01/25/1994	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	┨
21		26				59-3220594 Not Applicable	1
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	1
22		27				5. Certificate of Status Desired Fee Required	_]
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be	1
23	Country	28 Country				Trust Fund Contribution Added to Fees	4
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible	
24		25 29 30 9, Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	-
67		egistorea rigent		81	Name	10. Name and Address of New Registered Agent	1
SZAFRAN, PENNY L 13759 LINDEN SDR							
	PRING HILL FL 34609		82 Stree		Street Addre	ess (P.O. Box Number is Not Acceptable)	
]				83			1
				84	City	FL 85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th office or registered agent, or both, in the State of Florida. Such change was autho agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 					named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	, ,	·					
	Signature, typed or printed name of registered agent			d Agen	t signature require	d when reinstating) DATE	
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	18
TITLE	PD OZAFRAN BENINKA	L DELETE				LI Change L Addition	E
NAME	SZAFRAN, PENNY L 10070 CASEY DR		1.2 NAME				12
STREET ADDRESS	NEW PORT RICHEY FL				ADDRESS		M
CITY-ST-ZIP TITLE	DVT	☐ DELETE	1.4 CITY- 2.1 TITLE		-ZIP	Change Addition	CR2E034 (10/97)
NAME	SZAFRAN, DANIEL A		2.2 NAM			Coloring Coloring	
STREET ADDRESS	10070 CASEY DR				ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	DORT DIOLES FI		ITY-ST			
TITLE	S	☐ DELETE 3.1 TI				Change Addition	1
NAME	WIENHOLD, RALPH		3.2 NA			-	
STREET ADDRESS	7359 TRADEWINDS LANE		3.3 STRI		LDDRESS .		
CITY-ST-ZIP	SPRINGHILL FL 34608	SPRINGHILL FL 34608 3.4.		ITY-ST	ļ		
TITLE		☐ DELETE	DELETE 4.1 Tr			Change Addition	
NAME			4. 2 NAME				ĺ
STREET ADDRESS			4.3 STF		DDRESS .		
CITY-ST-ZIP			4.4 CITY - S		- ZIP		
TITLE		☐ DELETE	5.1 TiT	LE		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET		DDRESS		
CITY - ST - ZIP			5.4 CITY - S		ZIP		
TITLE		■ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET A	DDRESS		
CITY-ST-ZIP			6.4 CF	ry-st-	ZIP		1

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 opplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in