

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

**FILED**

**Feb 05 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 # P94000007635 (3)**

1. Corporation Name  
**COVERS ENTERPRISES INC.**



Principal Place of Business  
**14140 WEDGEWOOD COURT  
DAVIE FL 33325**

Mailing Address  
**14140 WEDGEWOOD COURT  
DAVIE FL 33325-3024**

3. Date Incorporated or Qualified  
**01/21/1994**      3a. Date of Last Report  
**01/25/1996**

2. Principal Place of Business  
21 **2649 MARION DRIVE**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **2649 MARION DRIVE**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0476626**      Applied For  
Not Applicable

22  
City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **FORT LAUDERDALE, FL**  
City & State

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33316**      25 Country  
29 **33316**      30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**COVERS, GUNTHER  
14140 WEDGEWOOD COURT - 2649 MARION DRIVE  
DAVIE FL 33325 FORT LAUDERDALE, FL 33316**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL**      85 Zip Code

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COVERS, GUNTHER</b>	1.2 NAME	
STREET ADDRESS	<b>14140 WEDGEWOOD COURT</b>	1.3 STREET ADDRESS	<b>2649 MARION DRIVE</b>
CITY - ST - ZIP	<b>DAVIE FL 33325</b>	1.4 CITY - ST - ZIP	<b>FORT LAUDERDALE, FL 33316</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: **X** \_\_\_\_\_ DATE: **X 01/28/97** DAYTIME PHONE: **X 954-523-3992**

CR2E034 (9/96)