

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JAN 17 PM 3:25

DOCUMENT # P94000022971 (3)

1. Corporation Name

COBRA DIVERSIFIED ENTERPRISES, INC.

REINSTATEMENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Page 1 of 2

Principal Place of Business

Mailing Address

714 CALIFORNIA WOODS CIRCLE  
ORLANDO FL 34824

714 CALIFORNIA WOODS CIRCLE  
ORLANDO FL 34824

3. Date Incorporated or Qualified  
03/21/1994

3a. Date of Last Report  
12/05/1995

4. FEI Number

59-8348140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, JOAN J  
2748 S FERNCREEK AVE  
ORLANDO FL 32806

81 Name

Anna Marie Fuller

82 Street Address (P.O. Box Number is Not Acceptable)

1507 Campbell Ave.

83

84 City

Orlando, FL

FL

85 Zip Code

32806

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

Anna Marie Fuller

January 6, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME FULLER, WILLIAM S  
STREET ADDRESS 714 CALIFORNIA WOODS CIRCLE  
CITY-ST-ZIP ORLANDO FL 34824

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE S ☒ DELETE

NAME SAKOWSKI, CHRISTINE L  
STREET ADDRESS 714 CALIFORNIA WOODS CIRCLE  
CITY-ST-ZIP ORLANDO FL 34824

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

S ☒ Change ☐ Addition

Cynthia Jo VanHorn

4613 Kempston Dr.

Orlando, FL 32812

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

V ☐ Change ☒ Addition

Kennon Shaun Fuller

714 California Woods Cir.

Orlando, FL 32824

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

900002061249-6

-01/17/97-01013-002

\*\*\*\*375.00 \*\*\*\*375.00

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT 1996

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

1/14/97

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William S Fuller

1/6/1997 (407)859-5755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

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To whom it may concern

This is a replacement filing for the one that seems to have been lost in transit, that was mailed last September. Please Reinstate Cobra Diversified Enterprises Inc.

Thank You

*William Scott Fuller*

William Scott Fuller