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

DOCUMENT # P94000032411 (8)

Que til landoux

COWDERY THERAPY, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				,		((BB(1))) is 19 (if 4) bit desit abit abit abit abit abit abit abit ab
1191 PINE POINT 1191 PINE POINT						
SINGER ISLA	ND FL 33404	SINGER ISLAND FL 33404	SINGER ISLAND FL 33404			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/26/1994
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0491719 Not Applicable	
Suite, Apt.	#, etc	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		City & State			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country Zip			Country 8. This corporation owes or has paid the object lotting the country country compared to the country c		
24	25 29 30			ŕ		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
BENNETT, JAMES T					Name	
	O U S HIGHWAY ONE		- h	62	Street A	ddress (P.O. Box Number is Not Acceptable)
	ITE 210					
NO	ORTH PALM BEACH FL 33408		1	B3		
			l la	84	City	85 Zip Code
					•	FL
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 Statules.						
SIGNATURE Street or protect some of transfer and title if another black (INOTE: Registered Agent signature required when reinstating) DATE						
		operand title if applicable (NOTE ND DIRECTORS	: Registered	Agen	t signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	DELETE	1.1 TITLE			Change Addition
NAME	COWDERY, JEAN W	_	1.2 NAME			
STREET ADDRESS	1191 PINE POINT		1.3 STF		DDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404		1.4 CITY-		- ZIP	
TITLE	DELETE 2.11		2.1 TITL	.E	T	Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			2. 4 CIT	Y-ST	1-2IP	
TITLE		☐ DELETE	3.1 TITLE		1	Change Addition
NAME			3.2 NAME		1	
STREET ADDRESS			3.3 STREET ADDRESS		- 1	
CITY-ST-ZIP	DELETE		_	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE				4.1 HILE 4.2 NAME		Citalige C Addition
NAME						
STREET ADDRESS		•			ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP DELETE 5.1 TITLE		- 2117	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE				Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STR	REET A	ADDRESS	
CITY-ST-ZIP	,		5.4 CIT	Y-ST	- ZIP	
14 Thereby r	certify that the information supplied	with this filing does not qualify fo	r the exer	mpti	on stated	d 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 trusted 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.						