

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000064539 (7)**

1. Corporation Name

COSTA VERDE INVESTMENTS, INC.



Principal Place of Business

**1301 RIVERPLACE BOULEVARD
SUITE 2216
JACKSONVILLE FL 32207
US**

Mailing Address

**1301 GULF LIFE DRIVE
SUITE 2216
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 **32207**
26 **1301 Riverplace Blvd**
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 **USA**

3. Date Incorporated or Qualified
09/01/1994

3a. Date of Last Report
04/07/1995

4. FEI Number

59-3282408

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TERRY, C. HERMAN
1301 GULF LIFE DRIVE
SUITE 2216
JACKSONVILLE FL 32207**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 2216
84 City
85 Zip Code
**Terry, C. Herman
1301 Riverplace Boulevard
Suite 2216
Jacksonville FL 32207**

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

Signature, typed or printed name of registered agent or director (Applicable)

(Not to be Registered Agent Signature only and when appointing)

DATE

12. OFFICERS AND DIRECTORS

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP
5 TITLE
6 NAME
7 STREET ADDRESS
8 CITY - ST - ZIP
9 TITLE
10 NAME
11 STREET ADDRESS
12 CITY - ST - ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
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3 STREET ADDRESS
4 CITY - ST - ZIP
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100 CITY - ST - ZIP

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1996 (904) 396-7166

DATE

DAYTIME PHONE #

CR2E034 (12/95)