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 # P9400064539 (7)

COSTA VERDE INVESTMENTS, INC.

FILED Apr 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
1301 RIVERPLACE BOULEVARD SUITE 2109 JACKSONVILLE FL 32207 US		SUITE 2109	JACKSONVILLE FL 32207-9042			DO NOT WRITE IN THIS SPACE	
		JACKSONVILLE FL 322				3. Date Incorporated or Qualified	
					,	09/01/1994	
2. Principal Pl	lace of Business	2a. Mailing Address	a. Mailing Address			4, FEI Number Applied For	
21		26				59-3282408 Not Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6.	
22			27 City 8 City 5			Fee Required	
City & State	e	— ´	City & State			6. Election Campaign Financing \$5.00 May Be	
23 Tin	28 700			Country		Trust Fund Contribution	
Zip	Country	Zip		пир		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 Name and Address of Curr	rent Registered Agent	30			10. Name and Address of New Registered Agent	
g, Name and Address of Current Registered Agent					81 Name		
TERRY, C. HERMAN							
1301 GULF LIFE DRIVE SUITE 2216				82	Street Add	ldress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32207				83		- Address - Addr	
JAL	DROUNVILLE PL 32207			"			
				84	City	FL 85 Zip Code	
dd Disserventi	to the previous of Continue CO7.6	0500 and CO7 1500 Florida Stat	uton the el	2014	nomod oo	orporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was	s authorize:	d by	the corpora	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable. (No	O1E: Registere:	d Age	int signature req	guired when reinstating) DATE	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOTLE	D	☐ DELETE	1.1 To	TLE		Change L Addition	
NAME	TADDRESS 1301 RIVERPLACE BLVD., STE 2216		1.2 N/	1.2 NAME			
STREET ADDRESS			1.3 S		ADDRESS		
CITY-ST-ZIP			1.4 01	TY-S	T-ZIP		
TITLE	8	☐ DELETE	2.1 10	TLE		☐ Change ☐ Addition	
NAME	CORBETT, SANDRA M	61 STARSHIRE COEV 238		2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP			
STREET ADDRESS							
CITY-ST-ZIP			2.40				
TITLE	DELETE 3.11		3.1 To	TLF		Change Addition	
NAME			3.2 N/	ME			
STREET ADDRESS	•		3.3 S	REET	ADDRESS		
CITY-ST-ZIP				3.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	_		4.1 TC	TLE		Change Addition	
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 S1	REET	ADDRESS		
CITY-ST-ZIP			4.4 CI	1Y - S	T-ZIP		
TITLE		☐ DELETE	5.1 TI	TLE		Change Addition	
NAME			5.2 N/	ME			
STREET ADDRESS			5.3 \$1	REET	ADDRESS		
CITY-ST-ZIP			5 4 CI	1Y-S	1-ZIP		
TITLE		DELETE	6 1 Tr	ULE		Change Addition	
NAME			6.2 N/	ME			
STREET ADDRESS			6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			6.4 CI	<u>TY</u> -\$	T-ZIP		
14 I hereby o	certify that the information supplied	with this filing does not qualify	for the exe	empl	tion stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this annual report or supplied which his him does not quality for the processing that the 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 of 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.

Manril 1 199

(904) 396-7166