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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067036 1. Corporation Name

COVE ENTERPRISES INC.

Mailing Address Principal Place of Business 14133 U.S. HWY. #1 14133 U.S. HWY. #1 LOGGERHEAD PLAZA LOGGERHEAD PLAZA DO NOT WRITE IN THIS SPACE JUNO BEACH FL 33408 JUNO BEACH FL 33408 3. Date Incorporated or Qualifed 09/08/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address -Not Applicable 26 21 65-0517672 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Country Zip 8. This corporation owes the current year Intangible □ No 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GOUVEIA, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 82 18200 S.E. RIDGEVIEW DRIVE **TEQUESTA FL 33469** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required who ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 11 TITLE 1.2 NAME NAME GOUVEIA, JEFFREY A 1.3 STREET ADDRESS STREET ADDRESS 18200 S.E. RIDGEVIEW DR. CITY-ST-ZIP **TEQUESTA FL 33469** 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 22 NAME GOUVEIA, BERNADETTE A NAME 2.3 STREET ADDRESS STREET ADDRESS 18200 S.E. RIDGEVIEW DR. 2.4 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP - [] Addition ☐ DELETE ☐ Change 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIF CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME

CiTY-ST-ZIP 14. I 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 emagged, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

aunule D

☐ DELETE

☐ Addition

☐ Change

CR2E034 (11/98)