PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90087 007 ***150.00

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DOCUMENT #	P94000073107
Cornora ion Name	1 0 1000010101

THE COVENTRY GROUP, INC.

Principal Place of Business 8200 N MILITARY TRATE

Mailing Address

- 3200 N. MILITABY FRATE

BOCA BATON FE 39491.		DO NOT WRITE IN THIS	SCRACE
		3. Date Ir corporated or Qualifed) SI AOL
		10/05/1994	
2. Principa Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4800 N. Federal Hwy	26 4800 N. Feileral Huy	65-0529267	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifc ate of Status Desired	\$8.75 Additional Fee Required
City & State Paton, FL	City & State Ration, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cour try	Zip Country	8. This corporation owes the current year in	tangible
24 33431 25 USA	29 33431 30 USA	Persor al Property Tax.	☐ Yes ☐ No
9. Name and Address of Curre	ent Registered Agent	10. Name and Address of New Registers	Agent
CAPITAL CONNECTION, INC.	<u> </u>	Steven Toffler	
417 E VIRGINIA ST	82 Str	reet Acidress (P.O. Bo) Number is Not Acceptable) 48:30 N. F. Ederal Hay	
-SUITE 1 -TALLAHASSEE FL 32301	83	Suite 1006	
	84 Cit	1304 Katen Fl	85 Zip Code 33'/3/
office or registered agent/ or both, in the Stat	502 and 607.1508, Florida Stati tes, the above-nate of Florida. Such change was authorized by the ogations of, Section 607.0505, Florida Statutes.	med corporation submits this statement for the purpose of corporation's board of directors. I hereby accept the applications of the corporation is board of directors.	f changing its ≀egistered intraent as registered

SIGNATUF:E DATE - 1-7 Signature, typed of printed name of (NOTE: Registered Agent signature req iired when reinstating) stered agen, and title if applicab ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE 4800 N. Federal Huy. Swite 100C TOFFLER, DIANE NAME 3200 N-MILITARY TRAIL-1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP . Addition ☐ Change DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDR ISS 64 CITY-ST-ZIP 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 composition 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 change I, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(11/98)CR2E034