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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000082260 (8)**

1. Corporation Name
COTTONFIELDS, INC.

Principal Place of Business:	Mailing Address
3071 N. ORANGE BLOSSOM TR. UNIT R ORLANDO FL 32804	3071 N. ORANGE BLOSSOM TR. UNIT R ORLANDO FL 32804-3455

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 10525 E. Colonial Dr.
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL
Zip 24 32817 Country 25 Orange

2a. Mailing Address
26 1900 E. Robinson St.
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL
Zip 29 32803 Country 30 Orange

4. FEI Number: 59-3282786 ☐ 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

MAZRAWI, JACOB
3071 N. ORANGE BLOSSOM TR. UNIT R
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Mazrawi, Jacob
82 Street Address (P.O. Box Number is Not Acceptable): 10525 E. Colonial Dr.
83
84 City: Orlando FL 85 Zip Code: 32817

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MAZRAWI, JACOB 3071 N. ORANGE BLOSSOM TR. UNIT R ORLANDO FL 32804 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSTD Mazrawi, Jacob 1900 E. Robinson St. Orlando, FL 32803 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: [signature] Jacob Mazrawi 3/10/97 407-381-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #