

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000084926 (2)

1. Corporation Name

PLANTATION COVE, INC.

Principal Place of Business

**149 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118**

Mailing Address

**149 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118**

FILED

NOV 17 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

☒ Applied For

☐ Not Applicable

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SWEET, JEFFREY C
149 EAST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KULZER, JAMES F--**
STREET ADDRESS **325 RIVERSIDE DR.**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

TITLE **D**
NAME **KULZER, SALLY**
STREET ADDRESS **325 RIVERSIDE DR.**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

TITLE **D**
NAME **KANDEL, MARTIN**
STREET ADDRESS **9 WATERFRONT COURT**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

TITLE **D**
NAME **KANDEL, PAULA M**
STREET ADDRESS **9 WATERFRONT COURT**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **James F. Kulzer**
1.3 STREET ADDRESS **325 Riverside Drive**
1.4 CITY - ST - ZIP **Ormond Beach, FL 32174** ☐ Change ☐ Addition

2.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
2.2 NAME **Martin Kandel**
2.3 STREET ADDRESS **9 Waterfront Court**
2.4 CITY - ST - ZIP **Ormond Beach, FL 32174** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 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 110.07(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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95

9651-677-1132