FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000093220

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

COCOPLUM DEVELOPMENT, INC.

5891 CRANSBERRY BLVD NORTH PORT FL 34287 US			5891 CRANBERRY BLVD NORTH PORT FL 34287 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/27/1994]	
2. Principal P	lace of Business	i	2a.	. Mailing Address				4. FEI Number			A	pplied For	1 55
21			26					65-0549208	}		N	ot Applicable	15888
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required		13
22			27	City & State				C Flashing Comp	aian Financiae :				1
City & State	re			— `				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip		Country	28	Zip	Col	untry		8. This corporatio		ent vear lots	•		1
	505	Country	29	2.0	30	 ,		Personal Prope		ont year mile	Yes	□No	
24	9 Name and	d Address of Curi	11	stered Agent	1301	1		10. Name and Ad		egistered /	Agent		1
	5. Name an	Correct A				81	Name						1
AL BE	ertus, Robei			47) 444 50 F.				-72-7	1.00				1
ALBERTUS, ROBERT J. COC5894 CRANBERRY BLVD			-			82	Street Add	ress (P.O. Box Number is Not Acceptable)					
	TH PORT FL					83		* 1 / ******* * * * * * * * * * * * * *	2 (* 15 (* 15 <u>) (* 15 (* 15 (* 15)</u> 한 1월 1일 (16 <u>)</u> (16 (* 16)	in mente mating : if \$300 april \$	M. 12 (c. 5 c. 5	3 (12) Gent 172)	1
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						84	City		3 - 1 - 1 - 1 - 1	FL	* 85 Zip	Code	1
11 Pursuant	to the provisions	of Sections 607.0	502 and 6	07 1508. Florida Sta	tutes, the a	bove	-named corp	poration submits this st	atement for the	purpose of	changing it	s registered	-
11. Pursuant. office or r agent. I a	m familiar with,	and accept the obli	igations of	f, Section 607.0505, If applicable.	Florida Sta	tutes. d Agent		ed when reinstating) 12953		DATÉ			(80
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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 supplied ental 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

5.4 CITY+ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

MAR CRANELED (E.C.)

MODELLE STOR

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90008 017 ***150.00

Addition

Change