FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000002021 (0)**

1. Corporation Name

COUSINS MANAGEMENT CORP.

Principal Place of Business	Mailing Address
2025 BRICKELL AVE., #1501 MIAMI FL 33129	2025 BRICKELL AVE., #1501 MIAMI FL 33129

3. Date Incorporated or Qualified: 01/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 11400 NW 7 Street
22: Suite, Apt. #, etc.
23: City & State: Plantation Acres, Fl
24: Zip: 33325
25: Country: U.S.

2a. Mailing Address
26: 11400 NW 7 Street
27: Suite, Apt. #, etc.
28: City & State: Plantation Acres, Fl
29: Zip: 33325
30: Country: U.S.

4. FEI Number: 65-0557729 ☐ 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

LEACE, HENRY
2025 BRICKELL AVE., #1501
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Peter G. Gruber, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 9100 South Dadeland Boulevard
83: One Datran Center, Suite 910
84 City: Miami FL 85 Zip Code: 33156

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: Peter G. Gruber, President DATE: 8/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Henry Leace	12 NAME	
STREET ADDRESS	11400 NW 7 Street	13 STREET ADDRESS	
CITY-ST-ZIP	Plantation Acres, Fl 33325	14 CITY-ST-ZIP	
TITLE	VP/S/D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	David Blumenfeld	22 NAME	
STREET ADDRESS	530 S. 2nd Street	23 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19147	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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 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 this 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: Henry Leace — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-4-96 Daytime Phone #: 889-0675