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

**CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000003830 (3)

812 COCOA BLVD., INC.

 I hereby certify that the information indicated on this annual report or officer or director of the cor Block 12 or Block 13 if cha

Principal Place of Business Mailing Address 812 COCOA BLVD. P.O. BOX 1231 **COCOA FL 32922** DAYTONA BEACH FL 32115 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3288521 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Ζip Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 , Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALTERS, LAWRENCE G 444 SEABREEZE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 800 83 DAYTONA BEACH FL 32118 Zip Code 84 City 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, typod or printed namin of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VSTD DELETE 1.1 TITLE Change Addition TITLE ROSE, GLENN NAME 12 NAME 1645 DUNLAWTON AVE., #1124 STREET ADDRESS 1.3 STHEET ADDRESS PORT ORANGE FL 32127 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE \_\_\_ Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP if filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information fuel report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in end with an address.

**FILED** May 04 1998 8:00am Secretary of State

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