

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90063 041 \*\*\*150.00

DOCUMENT # P95000003830 ✓

1. Corporation Name  
812 COCOA BLVD., INC.

Principal Place of Business  
812 COCOA BLVD.  
COCOA FL 32922

Mailing Address  
P.O. BOX 1231  
DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26 680 MIDDLETOWN BLVD.		01/13/1995		59-3288521 ✓		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22		27 SUITE 101		6. Election Campaign Financing		5.00 May Be Added to Fees			
City & State		City & State		Trust Fund Contribution					
23		28 LANGHORNE, PA		8. This corporation owes the current year Intangible Personal Property Tax.		Yes No			
Zip		Zip		Country					
24		29 19047		30 USA					
Country		Country							
25		29		30					

9. Name and Address of Current Registered Agent

WALTERS, LAWRENCE G  
444 SEABREEZE BLVD.  
SUITE 800  
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name	HERMAN REITMAN
82 Street Address (P.O. Box Number is Not Acceptable)	4910C NW 4TH STREET
83	
84 City	DELRAY BEACH FL
85 Zip Code	33445

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 Herman Reitman - HERMAN REITMAN DATE 4-30-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.
NAME	ROSE, GLENN	1.2 NAME	THOMAS SHERWOOD
STREET ADDRESS	1645 DUNLAWTON AVE., #1124	1.3 STREET ADDRESS	680 MIDDLETOWN BOULEVARD, SUITE 101
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	LANGHORNE PA 19047
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.
NAME		2.2 NAME	GARY REITMAN
STREET ADDRESS		2.3 STREET ADDRESS	680 MIDDLETOWN BOULEVARD, SUITE 101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LANGHORNE, PA 19047
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: Gary E. Reitman DATE: 4/30/99 (215) 922-6484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #