

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017721 (8)

1. Corporation Name

CORNUCOPIA ENTERPRISES INC.



Principal Place of Business

~~224 SPRINGRUN CIRCLE~~
LONGWOOD FL 32779

Mailing Address

~~224 SPRINGRUN CIRCLE~~
LONGWOOD FL 32779

3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 246 N. WESTMONTE DRIVE

26 P.O. Box 915551

4. FEI Number
59-3304719

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 210

27 -

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

23 ALTAMONTE SPRINGS FL.

28 LONGWOOD FL.

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32714

25 U.S.A.

29 32791-5551

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WILLIAMS, PETER~~
~~224 SPRINGRUN CIRCLE~~
~~LONGWOOD FL 32779~~

81 Name

MICHAEL McMONAGLE

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

246 N. WESTMONTE DRIVE

83

SUITE 210

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code
32714

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

Michael McMonagle MICHAEL McMONAGLE

04-18-96

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

(NOTE: Registered Agent Signature required when transferring.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	WILLIAMS, PETER	224 SPRINGRUN CIRCLE	LONGWOOD FL 32779	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
P	MICHAEL McMONAGLE	246 N. WESTMONTE DRIVE, SUITE 210	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(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; 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.

SIGNATURE:

Michael McMonagle MICHAEL McMONAGLE

04-18-96

(407) 869-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE & PHONE #

CR2E034 (12/95)