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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>19</u>97

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DOCUMENT # P95000017721 (8)

CORNUCOPIA ENTERPRISES INC.

Principal Place of Business Mailing Address 246 N WESTMONTE DRIVE BUITE 210 P.O. BOX 915551 LONGWOOD FL 32791-5551 ALTAMONTE SPRINGS FL 32714 3a. Date of Last Report 3. Date Incorporated or Qualified 03/03/1995 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3304719 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes □ No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MICHAEL MCMONAGLE 248 N. WESTMONTE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** 83 ALTAMONTE SPRINGS FL 32714 R4 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE NAME MICHAEL MCMONAGLE 1.2 NAME 246 N WESTMONTE DRIVE SUITE 210 STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIF DELETE Change Addition TITLE 2.1 WILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-\$1-7IP DELETE Change Addition 3.1 70116 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 Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAMÉ STREET ADDRESS **6.3 STREET ADDRESS**

14. Too 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 occupier 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 a specific product of the corporation of the corporation of the corporation or the occupier of 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 a specific product of the corporation of the

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MICHAET M. MONAGES 04.2

(407)868615

FILED

Apr 29 1997 8:00am

Secretary of State