

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000024958 (7)

1. Corporation Name

THOMAS L. COTIGNOLA, PA



Principal Place of Business

~~801 S. FEDERAL HIGHWAY~~  
~~APT. 108~~  
~~POMPANO BEACH FL 33062~~

Mailing Address

~~801 S. FEDERAL HIGHWAY~~  
~~APT. 108~~  
~~POMPANO BEACH FL 33062~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1995

4. FEI Number

65-0567523

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 10410 S. OCEAN DR

Suite, Apt. #, etc.

22 APT 202

City & State

23 JENSEN BEACH FL

Zip

24 34957

Country

25 USA

2a. Mailing Address

26 10410 S. OCEAN DR

Suite, Apt. #, etc.

27 APT 202

City & State

28 JENSEN BEACH FL

Zip

29 34957

Country

30 USA

9. Name and Address of Current Registered Agent

COTIGNOLA, THOMAS L  
801 S. FEDERAL HIGHWAY  
APT. 108  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

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

10410 S. OCEAN DR

83

APT 202

84 City

JENSEN BEACH

FL

85 Zip Code

34957

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME COTIGNOLA, THOMAS L  
STREET ADDRESS 801 S. FEDERAL HWY #108  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME 10410 S. OCEAN DR, APT 202  
13 STREET ADDRESS JENSEN BEACH, FL 34957  
14 CITY-ST-ZIP VP ☐ Change ☒ Addition

21 TITLE

22 NAME JOAN COTIGNOLA  
23 STREET ADDRESS 10410 S. OCEAN DR, APT 202  
24 CITY-ST-ZIP JENSEN BEACH FL 34957

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE

4-18-97

64-229-7751

CR2E034 (10/97)