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CORPORATION . ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN 13 PH 3: 45

DOCUMENT # Corporation Name

P95000055852 (4)

ISLAND COWBOY CORP.

SECRETARY OF STATE MALALIASSEE FLORIDA Principal Place of Business Mailing Address REINSTATEMEN 930 NE 27 AVE. 930 NE 27 AVE. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 07/19/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For FRANK G. KOSA 65-0612363 Texas + Flouido 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 930 NE 27 AUR Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be FI Beadi 23 POM1 240 Added to Fees Trust Fund Contribution 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zιο Country Zio 33062 J.5 A Yes Mo Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOSA. FRANK G Street Address (P.O. Box Number is Not Acceptable) 82 930 NE 27 AVE. 83 POMPANO BEACH FL 33062 84 City 85 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 Florigh, 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 oblightons of, Section 607,0505, Florida Statutes. 1-8-97 SIGNATURE (NOTE Registered Agent a gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1. 1 TITLE MCCORMICK, RICHARD A 1.2 NAME NAME 5626 HANOVER STREET ACCRESS 1.3 STREET ADDRESS DALLAS TX 75209 CHTY - ST - ZIP 1.4 CITY-ST-ZIP ☐ DELETE 300002059**399**9990997 THE 2 1 TITLE KOSA, FRANK G 2.2 NAME NAME 930 NE 27 AVE. ****375.00 ****375.00 STREET ADDRESS 23 STREET ADDRESS POMPANO BEACH FL 33062 24 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STRE' LADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - 2IP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - 7P2 ☐ Change □ DELETE 6 1 TITLE Addition TITLE

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 18 if changed, or on an attachment with an address. Pres.

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY - S1 - ZIE

ou 下の火 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 12-26-96

954.943.7903

Daytime Phone #

CR2E034 (12/95)