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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000055852

1. Corporation Name

ISLAND COWBOY CORP.

l								
Principal Place	e of Business	Mail	ing Address	,			(100)	
990 NE 27TH AVE FRANK G. KOSA								
SUITE P 930 NE 27 AVE						DO NOT WRITE IN THIS SPACE		
POMPANO BEACH FL 33062 POMPANO BEACH FL 3306			2			3. Date Incorporated or Qualified		
US							07/19/1995	
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied	i For	
21		26					65-0612363 Not Ap	plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Addit	
22		27					Fee Requir	
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May	
23		28					Trust Fund Contribution Added to Fe	ees
Zip	Country		Zip		intry		8. This corporation owes the current year Intangible Personal Property Tax. Yes Z1	1 6
24	25	[29]		30			Personal Property Tax. Yes W19 10. Name and Address of New Registered Agent	
	9. Name and Address of Curr	ent Registe	red Agent		81	Name	10. Name and Address of New Registered Agent	
KOS	A, FRANK G				0,	INAILIE		
	NE 27 AVE.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	IPANO BEACH FL 33062				أجوا			
POW	IFAITO BEACH I E 33002				83			
					84	City	FL 85 Zip Code	,
11 Dureuant	to the provisions of Sections 607.0	502 and 601	7 1508 Florida Statut	es, the a	bove	l e-named co	omoration submits this statement for the purpose of changing its regi	stered
office or r	egistered agent, or both, in the Stat	te of Florida	. Such change was a	utnonzed	יעם נ	the corpora	ration's board of directors. I hereby accept the appointment as register	ered
agent. I a	m familiar with, and accept the obli	gations of, 8	section 607.0505, FIO	nda Stat	utes	•	•	
SIGNATURE	Signature, typed or printed name of registered a	nent and title if :	onlicable (NOTE	: Registered	I Agen	t signature regu	quired when reinstating) DATE	- ∤
12.	OFFICERS /			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	D		☐ DELETE	1.1 Ti	TLE			Addition
NAME	KOSA, VERA S			1.2 N/	AME			
STREET ADDRESS	930 NE 27TH AVE			1.3 \$1	REET	ADDRESS		Į.
CITY-ST-ZIP	DALLAS TX 75209			1.4 CI	ITY-S	T-ZIP		
TITLE	D		☐ DELETE	2.1 TI			☐ Change	Addition
NAME	KOSA, FRANK G		22 N/	22 NAME		•		
STREET ADDRESS	930 NE 27 AVE.			2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062)				T-ZIP		1
TITLE	TOWN AND BENOTTE GOSGE	<u> </u>	☐ DELETE	3.1 TF	_		Change [Addition
NAME				3.2 N	AME			
STREET ADDRESS						ADDRESS		
				3.4.0		ŀ		
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TI	_		Change [Addition
NAME				4 2 N	IAME			
STREET ADDRESS						ADDRESS		
					ITY-S			1
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TI	_	411	☐ Change	Addition
!				5.2 N			<u> </u>	- (
NAME						1		
STREET ADDRESS				53S	TREE	ADDRESS		•
CITY-ST-ZIP				- 1		T-ZIP		·
			□ DELETE	- 1	TY-S			. Addition
TITLE			☐ DELETE	5.4 CI 6.1 TI	TLE			_ Addition
			☐ DELETE	5.4 Cl 6.1 Ti 6.2 N	TLE AME		Change ॄ [Addition

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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

on PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-943-7903