FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 AUG -5 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001912624

DOCUMENT # P95000064657

1. Corporation Name

Cocoon Enterprises, Inc.

Principal Place of Business
Bonita Bay Corporate Ctr. 2
3461 Bonita Bay Blvd,Ste.205
Bonita Springs, FL 33923

Mailing Address
Bonita Bay Corporate Ctr.2
3461 Bonita Bay Blvd,Ste.205
Bonita Springs, FL 33923

3. Date Incorporated or Qualified: 8/21/95
3a. Date of Last Report: n/a

2. Principal Place of Business
21 13180 N. Cleveland Ave.
Suite, Apt #, etc
22 #135
City & State
23 North Fort Myers, FL
Zip
24 33903
Country
25 US

2a. Mailing Address
26 13180 N. Cleveland Ave.
Suite, Apt #, etc
27 #135
City & State
28 North Fort Myers, FL
Zip
29 33903
Country
30 US

4. FEI Number: [X] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

Willi Waltersperger
Bonita Bay Bay Corporate Center 2
3461 Bonita Bay Blvd., Ste. 205
Bonita Springs, FL 33923

10. Name and Address of New Registered Agent

81 Name: Wolfgang H. Neumann
82 Street Address (P.O. Box Number is Not Acceptable): 13180 N. Cleveland Avenue, #135
83
84 City: North Fort Myers, FL
85 Zip Code: 33903

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 7/16/96 Wolfgang Heinz Neumann
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	Wolfgang H. Neumann	
STREET ADDRESS	3461 Bonita Bay Blvd., Ste. 205	
CITY-ST-ZIP	Bonita Springs, FL 33923	
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

1.1 TITLE	D/P	[X] Change [ ] Addition
1.2 NAME	Wolfgang H. Neumann	
1.3 STREET ADDRESS	13180 N. Cleveland Avenue, #135	
1.4 CITY-ST-ZIP	North Fort Myers, FL 33903	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Wolfgang Heinz Neumann 7/16/96 (941) 995-0896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 042499 4376832

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 225.00

ORDER DATE : August 5, 1996

ORDER TIME : 10:26 AM

ORDER NO. : 042499

CUSTOMER NO: 4376832

CUSTOMER: Garey Butler, Esq
Humphrey & Knott
3rd Floor
1625 Hendry Street
Ft. Myers, FL 33901

part 1
of a 1-2 Filing

400001912624

ANNUAL REPORT FILING

NAME: COCOON ENTERPRISES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michelle Bailey

EXAMINER'S INITIALS: _____

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