FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000065513 (0) DOCUMENT #
1. Corporation Name

COTTAGE BY THE BAY ANTIQUES, INC.

Principal Place of Business Mailing Address



3318 W BAY TO BAY BLVD TAMPA FL 33629		3318 W BAY TO BAY BLVD TAMPA FL 33629					
					3. Date Incorporated or Qualified 08/23/1995	3a. Date of La	st Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# etc	26			59-3330386		Not Applicable
22		Suite, Apt. #, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	0	City & State				LJ F	ee Required
23		28			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	7φ	Country			A	ded to Fees
24	25	29	30		8. This corporation has liability for in Florida Statutes Yes	ntangible tax und∈ —∏No	rs 199.032,
ļ	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered Agent	· · · · · · · · · · · · · · · · · · ·
COORE	S CHARLENE !		81	Name			
	R, CHARLENE V		82	Stroot Add	ress (P.O. Box Number is Not Acceptable	-1	
3318 W BAY TO BAY BLVD TAMPA FL 33629			L	OFFICE MOU		υ)	
I AMPA I	FL 33028		83				
			84	Oity		E1 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.050	32 and 607.1508, Florida Statul	es, the above r	larried corpoi	ration submits this statement for the pure		
familiar wit	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	rida. Such change was authoriz ation 607.0505. Florida Statutes	red by the corpo	oration's boa	ration submits this statement for the purp and of directors. Thereby accept the appoint	intment as registe	ts registered office red agent. I am
SIGNATURE			,				
	Signal as itsped or partial name of resystemed ap-		TE Acostero LAgra	 Signature require	el what creero lancaji	DATE	
12.	OFFICERS A	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
NAME	COOPER, CHARLENE V	☐ DELETE	1 1 Tille	f	P/S/D	Chang	
	1223 BRANDA VISTA DR		1.2 NAME		•		
STREET ADDRESS	BRANDON FL 33511		13 STREET	ADDRESS			
CITY-ST-ZIP TITLE	SD SD		1.4 C/1Y - ST	- ZIP	• 11=	33510	
NAME I	BATTLE, KENNETH E	DELETE	2 1 TiTt#	V	12/6	Chang	e 🔲 Addition
STREET ADDRESS	3051 DOVER ROAD		2.2 NAME				_
i	DOVER FL 33527		23 STREET	NODRESS			
CITY - ST - 7IP TITLE	DOTENTE 33327		24 C-TY - ST				
NAME		☐ DELETE	3 1 7(1): 8	V	17/0	☐ Chang	e Addition
STREET ADDRESS			3.2 NAME	C	OOPER, DAHAS D.		•
CITY-ST-ZIP			33 STREET	ADDRESS / 2	OOPER, DAHAS D.	DRIVE	ſ
TITLE		EJ DELETE	34 CITY ST	-ZP 15	RANDON, FL 3	3510	
NAME		☐ DELFTE	4 1 T.TLE			☐ Chang	Addition
STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.3 STHEFT A				
TITLE			4.4 CITY - ST	ZIP			
NAME		L'1 off (1)	5 1 TITLE	1 .		☐ Change	Addition
STREET ADDRESS			5.2 NAME				
CITY ST-ZIP			5 3 STREET A				ł
TITLE		DELETE	5.4 CITY - S1 -	ZIP			
NAME		C') pritie	6 1 Title			☐ Change	Addition
STREET ADDRESS			6.2 NAME				
CITY - ST - ZIP			6 3 STREET A				
	certify that the information supplied	with this fano is voluntarily turns	64 CITY - ST-	ZIP	c the constitution of the	·	

certify that the information indicated on this ship is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further 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 3 if changed, or on an attailment with an address

SIGNATURE:

TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR DO COOPER 4/28/96 8/3-681-6778