SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000089080 (2)**

1. Corporation Name
KOSOVA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2311 SEMORAN BLVD APOPKA FL 32703	2311 SEMORAN BLVD APOPKA FL 32703

3. Date Incorporated or Qualified: 11/21/1995
3a. Date of Last Report:
4. FEI Number: ☑ 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

2. Principal Place of Business
21: 101 S. ORANGE AVE.
22: Suite, Apt. #, etc
23: City & State: ORLANDO FL. 32810
24: Zip: 32810
25: Country: ORANGE

2a. Mailing Address
26: 1539 ROCK SPRINGS RD.
27: Suite, Apt. #, etc: C/O ANTHONY'S
28: City & State: APOPKA FL.
29: Zip: 32712
30: Country: ORANGE

9. Name and Address of Current Registered Agent
MARKU, TOM
2311 SEMORAN BLVD
APOPKA FL 32703

10. Name and Address of New Registered Agent
81 Name: MARKU, TOM
82 Street Address (P.O. Box Number is Not Acceptable): 1539 ROCK SPRINGS RD.
83: 32712
84 City: APOPKA FL 85 Zip Code: 32712

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: Tom MARKU — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE: 8-19-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
					☑ Change ☐ Addition
TITLE	DPT	☐ DELETE	1.1 TITLE	DPT	
NAME	MARKU, TOM		1.2 NAME	MARKU, TOM	
STREET ADDRESS	2311 SEMORAN BLVD		1.3 STREET ADDRESS	1539 ROCK SPRINGS RD.	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE	DVT	☐ DELETE	2.1 TITLE	DVT	☑ Change ☐ Addition
NAME	MARKU, MARIANA		2.2 NAME	MARKU, MARIANA	
STREET ADDRESS	2311 SEMORAN BLVD		2.3 STREET ADDRESS	1539 ROCK SPRINGS RD	
CITY-ST-ZIP	APOPKA FL 32703		2.4 CITY-ST-ZIP	APOPKA, FL. 32712	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom MARKU — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8-19-96 — Daytime Phone Number: 407-865-1742

CS 8/23/96

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