

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P95000095855 (9)**  
 1. Corporation Name  
**COUTURE & ASSOCIATES FINANCIAL SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **73 S. PALM AVE. SUITE 214 SARASOTA FL 34236 US**  
 Mailing Address: **73 S. PALM AVE. SUITE 214 SARASOTA FL 34236 US**

3. Date Incorporated or Qualified: **01/01/1996**  
 4. FEI Number: **65-0628630**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent  
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 1.1 TITLE: **PSTD**  
 1.2 NAME: **COUTURE, PHILLIP Q**  
 1.3 STREET ADDRESS: **3440 GULF OF MEXICO DRIVE, #48**  
 1.4 CITY-ST-ZIP: **LONGBOAT KEY FL**  
 1.5 TITLE:  DELETE  
 1.6 NAME: \_\_\_\_\_  
 1.7 STREET ADDRESS: \_\_\_\_\_  
 1.8 CITY-ST-ZIP: \_\_\_\_\_  
 1.9 TITLE:  DELETE  
 1.10 NAME: \_\_\_\_\_  
 1.11 STREET ADDRESS: \_\_\_\_\_  
 1.12 CITY-ST-ZIP: \_\_\_\_\_  
 1.13 TITLE:  DELETE  
 1.14 NAME: \_\_\_\_\_  
 1.15 STREET ADDRESS: \_\_\_\_\_  
 1.16 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 2.1 TITLE: **VICE-PRESIDENT**  Change  Addition  
 2.2 NAME: **SANDRA G. COUTURE**  
 2.3 STREET ADDRESS: **#2 MARINA PLAZA #633**  
 2.4 CITY-ST-ZIP: **SARASOTA, FL 34236**  
 2.5 TITLE: **PRESIDENT**  Change  Addition  
 2.6 NAME: **PHILLIP Q. COUTURE**  
 2.7 STREET ADDRESS: **#2 MARINA PLAZA #633**  
 2.8 CITY-ST-ZIP: **SARASOTA, FL 34236**  
 2.9 TITLE:  Change  Addition  
 2.10 NAME: \_\_\_\_\_  
 2.11 STREET ADDRESS: \_\_\_\_\_  
 2.12 CITY-ST-ZIP: \_\_\_\_\_  
 2.13 TITLE:  Change  Addition  
 2.14 NAME: \_\_\_\_\_  
 2.15 STREET ADDRESS: \_\_\_\_\_  
 2.16 CITY-ST-ZIP: \_\_\_\_\_

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 changed, or as an Attachment with an address.

SIGNATURE: \_\_\_\_\_ **3-9-98 94-366-3551**

CR2E034 (10/97)