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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012741

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90131 047 ***150.00

	COTTAGES INC.							
Principal Plac		Mailing Address						
3927 CYRSTAL ZEPHYRHILLS		3927 CYRSTAL SPRINGS RD ZEPHYRHILLS FL 33541)		ļ			
2277777220 12 30347					DO NOT WRITE IN THIS SPACE			,
					3. Date incorporated or Qualifed 02/06/1996			è
2. Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number	A	pplied For	
21		26			NOT APPLICABLE		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	•	5 Additional Required		
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year			
24	9. Name and Address of Curre		30		Personal Property Tax. 10. Name and Address of New Register	☐ Yes	□No	
	9, Name and Address of Care	in Kadistalan Malit	81	Name	10, Name and Address of New Register	rea Agent		
MON	nzon, fra nk		L	ļ <u> </u>				
3927 CYRSTAL SPRINGS RD			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
ZEPI	HYRHILLS FL 33541		83					
			84	-		[]		
				City		💶 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	1	orporation submits this statement for the purpose	e.of.changing.it	s.registered	
agent. I ai SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes	e-named c the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appured when reinstating)	3/101	s.registered egjstered	
agent. I ai SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Florid	da Statutes	e-named c the corpor		3/10/	199	
agent. I ai	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, Florid And and title if applicable. (NOTE: R	da Statutes	e-named c the corpor	uired when reinstating) DATE	3/10/	199	(00)
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: