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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000035009 (5)

COGNOSCO, INC.						
<u> </u>						
Principal Plac	ce of Business	Mailing Address			( INDICERTALD INVIDENTIAL DELICE BETTE DELICE IN	181 811)( BB(() BB)(8   011 1881 -
627 KHYBER LANE 627 KHYBER LANE VENICE FL 34283 4456						
					3. Date Incorporated or Qualified 3a. 04/18/1996	Date of Last Report
2. Principal i	Place of Business	2a. Mailing Address	<del></del>		4, FEI Number	Applied For
21	26				65-0675151	Not Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	Country 700		Country		Trust Fund Contribution	Added to Fees
Zip	<b>├</b> ŋ ' ├ŋ ' ├ŋ		<b>├</b> ── `	•	B. This corporation has liability for intangit     Florida Statutes     Yes	ble tax under s. 199.032,
24	4 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	No (S-CORP)
BEC	CHT, CARL T		81	Name	9	
627 KHYBER LANE				Strool A	ddress (P.O. Box Number is Not Acceptable)	
VENICE FL 34293			82	Street	doress (m.O. Box Number is Not Acceptable)	
			83			
			84	City		■ 85 Zip Code
			1	-	F	L I i
11. Pursuant office or	t to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	tes, the abov authorized b	e-named ( 7 the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered
agent. I i	am familiar with, and accept the obliga	itions of, Section 607.0505, F	orida Statute	3.		ppenning to logition to
SIGNATURE		(NO	U . O speed A.		regulrod whon reinstating) DATE	
12.	Signature, typed or printed name of registered agent and tille if applicable (NOTE OFFICERS AND DIRECTORS		E. Registered Agent signature requi		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	☐ DELETE		1.1 THILE			Change Addition
NAME			1,2 NAME	}	President Carl T. Becht	
STREET ADDRESS			1.3 STREET	ADDRESS	627 Khyber Ln.	
CITY-ST-ZIP			14 CDY-3	T - 7IP	Venice, FL 34293	
TITLE	L DELETE		2.1 TITLE		venice, FB 54295	Change Addition
NAME			. 2.2 NAME			
STREET ADDRESS	<b>\</b>		2.3 \$18561	1		
CITY-ST-ZIP TITLE	DELETE		2. 4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
NAME			3 2 NAME	İ		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			34 CITY-			i
TITLE	DELETE		4.1 TOLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CHY-5	T - ZIP		
TITLE	DELETE		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE			
CITY-ST-ZIP			5.4 CITY-5	T - ZIP		Change Addition
TITLE	DELETE		61 THTLE			€ Change □ Monageu
NAME Street address	1		6.2 NAME 6.3 STREET	ADDRESS		
A LINET LANGE MANAGES			0.5 Junior	PERMIT		

14. I do 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.