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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000059014 (6)

FILED Feb 18 1998 8:00am Secretary of State

1. Corporation COVE	R GIRL, INC.) i + (O)				1 11 11 11 11 11 11 11 11 11 11 11 11 1			
Principal Plac	ce of Business	Mailing	Address	<u>-</u>			-{	TIL BAIAL ALLIS I	/III Boid i (
							1			
6877 PHILLIPS INDUSTRIAL BLVD 6877 PHILLIPS INDUSTRIA JACKSONVILLE FL 32256 JACKSONVILLE FL 32256										
US US							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							07/12/1996			
2. Principal f	Place of Business	2a. Mailir	ng Address				4. FEI Number		T A	oplied For
21		26					59-3391142		N(ot Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		,	Additional
22		27	<u> </u>				U Dominionio di Cialdo Desired	<u> </u>	Fee Re	equired
City & Star	le .		City & State				6. Election Campaign Financing \$5.00 May Be			
Z ip	Country	28		-			Trust Fund Contribution			to Fees
 , ·	Country	Zip		Cour	ntry		8. This corporation owes or has pai	d the curren	t year Int	
24	9. Name and Address of Current	29	t cont	30			Personal Property Tax due June			No
		negistered /	Agent .		81 Nan		10. Name and Address of New Rec	pistered Age	<u>int</u>	
	ARTNER, W.A.				110	10				
1660 PRUDENTIAL DRIVE #203					82 Stre	et Addre	ss (P.O. Box Number is Not Acceptabl	e)		
JACKSONVILLE FL 32207					63					
					83					İ
				f	84 City			[6	5 Zip (Code
44 D	10	1007.450		إ						
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	end 607.150 of Florida. Suc	8, Florida Statute ch change was a	es, the ab athorized	ove-nam by the c	ed corpo orporatio	ration submits this statement for the pu o's board of directors. I bereby accent	urpose of ch	anging it	s registered
agent. I a	m familiar with, and accept the obliga	tions of, Section	on 6 07.Ŏ5 05 , Flo	rida Stati	ites.		, 2000	арро		· ogiotoroa
SIGNATURE			 							
12.	Signature, typed or printed name of registered agen OFFICERS AND		ble. (NOTE	: Registered	Agent signa	ture required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTOR	OC (N. 10
TITLE	D	DIRECTORS	DELETE	1.1 TIT	E		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	FLECKENSTEIN, ROBERT L			1		-		لـبا	Citalige	Addition
STREET ADDRESS	ANTE PLANTING INTO LATER AND			1.2 NAME 1.3 STREET ADDRESS		_				
	JACKSONVILLE FL	LYD				s				
CITY-ST-ZIP TITLE	D		DELETE	2.1 TITI	Y-ST-ZIP	-		— —	Change	Addition
NAME	BOATWRIGHT, MAYLON D		- occur	2.1 MA				ت	Change	L_3 Addition
STREET ADDRESS	6877 PHILLIPS INDUSTRIAL B	חעו								
	JACKSONVILLE FL	LVD			EET ADDRES	S				1
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			beteit	3.1 TITL			•		Change	Addition
NAME STORES ADDRESS				3.2 NAN						
STREET ADDRESS					eet addres	S				
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TITLE			DELETE	4.1 TITL				Ц	Change	Addition
NAME				4. 2 NA		1				}
STREET ADDRESS				4.3 STR	eet addres	S				
CITY-ST-ZIP			DELETE	_	-ST-ZIP				<u> </u>	. 7
TITLE			DELETE	5.1 TITL				ليا	Change	☐ Addition
NAME				5.2 NAN						
STREET ADDRESS				5.3 STR	ET ADDRES	3				
CITY-ST-ZIP			F1 05 5		-ST-ZIP					
TITLE			DELETE	6.1 TITE	E				Change	Addition
NAME				6.2 NAM	E		•			ļ
STREET ADDRESS				6.3 STRI	ET ADDRES	3				
CITY-ST-ZIP				6.4 C/TY	-ST-ZIP					
44 Ibarahu a	artiful that the information are - 111 its	a blade filling at the		41		1			2.7	

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 trust a 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 or an attachment with an address.

NONETHER WANTED