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

PROFIT CORPORATION ANNUAL REPORT

1997

是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们也会一个时间,我们也会一个时间,我们也会一个时间,我们也会一个时间,我们



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084229 (9)

COUGHPOP COMPANY, INC.

Principal Place of Business		Mailing Address			Andr Abdri Öbrit Bolit Haibt fört	i estiu ilelu lilli	
8208 JULINGTON CREEK ROAD JACKBONVILLE FL 32223		3208 JULINGTON CREEK ROAD JACKSONVILLE FL 32223-2730					
				3. Date Incorporate 10/11/1996	d or Qualified 38. D	ate of Last Re	eport
	lace of Business	2a. Mailing Address	0000	4. FEI Number	-1170	·	plied For
21 Procy Suite, Apt.		26 A-loove 15 Suite, Apt. #, etc.	Correct	59-341	0417		t Applicable
22		27		5. Certificate of Stat	tus Desired	\$8.75 A Fee Re	
City & State		City & State		6. Election Campaig	an Financing	\$5.00	·
23		28		Trust Fund Contr	ibution 🔲	Added to	
Ζίρ	Country	Zip	Country	8. This corporation	has liability for intangible		199.032
24	25		<u> </u>	Florida Statutes	X Yes		
	9. Name and Address of Current	Registered Agent	- 81 Name	10. Name and Addr	ess of New Registered	Agent	
	ROETTI, VICKI A	•	Name				
3208 JULINGTON CREEK ROAD JACKSONVILLE FL 32223			B2 Street	Address (P.O. Box Number i	s Not Acceptable)		
340	MOUNVILLE FL 32223		83	······································			
· ·							
			84 City		FL	85 Zip C	Code
							s registered
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 lamiliar with, and accept the obligations of Section 607.0506, Florida Statutes.							
SIGNATURE	Mickey a Studio	Beth . Vicki	$\Lambda \subset \Lambda$	praetti	04-15.	-97	
	Signature, typed or printed name of registered agree		Registered Agent signature	required when teiristating)	DATE		
12. TiTLE	OFFICERS AND	TOIRECTORS DELETE	13. 1.1 VITLE		IGES TO OFFICERS AND	D DIRECTOR:	S IN 12 Addition
NAME		D breede	1.1 VILE	PID	\.I \alpha \.		[24] AUGINON
STREET ADDRESS			1.3 STREET ADDRESS	Dr. Charles 3208 Juli		getti Ro	
CITY-ST-ZIP			1.4 CITY - ST - 7IP	Jacksonvi		, <b>k</b> a. 3 <b>3323</b>	.
TITLE		DELETE	2111111	VID		Change	Addition
NAME			2.2 NAME	Vichi A. C	siorgetta		
STREET ADDRESS			23 STREET ADDRESS	3208 Juli		Rd	
CITY-ST-ZIP			2 4 CITY - S1 - ZIP	Jacksonvi		3222	3
TITLE		☐ DELETE	3.1 TITLE	SITID	_	Change	Addition
NAME			3.2 NAME	Victor A.	shuu		
STREET ADDRESS			3.3 STREET ADDRESS	9696 Taro	_		
CITY-ST-ZIP		Dipliere	3.4 CITY-ST-ZIP	Jonesborg	≥, GA 3	033L	D Address
TITLE		☐ DELETE	4.1 TOLE		•	L Change	☐ Addition
NAME		,	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-\$T-ZIP		DELETE	4.4 CITY - \$1 - ZIP 5.1 TiTLE			Change	Addition
NAME			5.2 NAME			U.M.190	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		DELETE	61 IIILI	-1		Change	Addition
NAME			6 2 NAME				
ATDEET 4 DADEGO			0.0.07051.7.445001.00				1

14. 1 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 eath; 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 fichanged, or on an attachment with an address.

6.4 CITY - ST - 7IP