

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

**FILED**  
**May 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000095190 (0)**  
 1. Corporation Name  
**COSY INVESTMENTS, INC.**



Principal Place of Business <b>3751 GULF BOULEVARD                  SUITE 6 DORCHESTER HOUSE                  ST. PETE BEACH FL 33706</b>	Mailing Address <b>3751 GULF BOULEVARD                  SUITE 6 DORCHESTER HOUSE                  ST. PETE BEACH FL 33706-9915</b>
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3. Date Incorporated or Qualified <b>11/18/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>400 57th St N</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>400 57th St N</b> Suite, Apt. #, etc.
22 City & State <b>ST PETERSBURG, FL</b>	27 City & State <b>ST PETERSBURG</b>
23 Zip <b>33710</b> Country <b>USA</b>	28 Zip <b>33710</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent

**JONES, CHRISSY  
 3751 GULF BOULEVARD  
 SUITE 6 DORCHESTER HOUSE  
 ST. PETE BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, CHRISSY</b>	1.2 NAME	
STREET ADDRESS	<b>3751 GULF BOULEVARD #6 DORCHESTER HOUSE</b>	1.3 STREET ADDRESS	<b>400 57th St N</b>
CITY-ST-ZIP	<b>ST. PETE BEACH FL 33706</b>	1.4 CITY-ST-ZIP	<b>ST PETERSBURG, FL 33710</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

**SIGNATURE:** \_\_\_\_\_ **4/30/97** **8133677837**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 CR2E034 (9/96) 0374402

To: INTERNAL REVENUE  
SERVICE CENTRE  
ENTITY CONTROL  
ATLANTA, GA 39901

From: C.P. JONES  
COSY INVESTMENTS, INC.  
400 57TH ST. N.  
ST. PETERSBURG FL 33710

FAX: 813-367-6973

DATE: MAY, 19, 1997

As required by the Florida Department of State, I hereby apply  
for EI number

C.P. Jones.

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>Cosy Investments, Inc.</b>		3 Executor, trustee, "care of" name	
	2 Trade name of business (if different from name on line 1)			
	4a Mailing address (street address) (room, apt., or suite no.) <b>400 57th Street N</b>		5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code <b>St. Petersburg, Florida 33710</b>		5b City, state, and ZIP code	
	6 County and state where principal business is located <b>Hillsborough, Florida</b>			
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>Alien - see passport copies attached</b>			
	8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)		
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator-SSN		
<input type="checkbox"/> REMIC		<input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>C Corp</b>		
<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust		
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> Federal Government/military		
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Farmers' cooperative		
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> Church or church-controlled organization		
<input type="checkbox"/> Limited liability co.		(enter GEN if applicable)		
<input type="checkbox"/> National Guard				
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country		
State <b>Florida</b>				
9 Reason for applying (Check only one box.)				
<input checked="" type="checkbox"/> Started new business (specify) ▶		<input type="checkbox"/> Banking purpose (specify) ▶		
<input type="checkbox"/> Hired employees		<input type="checkbox"/> Changed type of organization (specify) ▶		
<input type="checkbox"/> Created a pension plan (specify type) ▶		<input type="checkbox"/> Purchased going business		
		<input type="checkbox"/> Created a trust (specify) ▶		
		<input type="checkbox"/> Other (specify) ▶		
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>November 18, 1996</b>		11 Closing month of accounting year (See instructions.) <b>October</b>		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)				
		Nonagricultural <b>4</b>	Agricultural	
		Household		
14 Principal activity (See instructions.) ▶ <b>Investments and consulting</b>				
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶				
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶				
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.				
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶				
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) <b>813-302-0050</b>		
		Fax telephone number (include area code)		
Name and title (Please type or print clearly.) ▶ <b>Chrissy Jones, President</b>				
Signature ▶ <b>C.P. Jones</b>		Date ▶ <b>May 15, 1997</b>		

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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